

To be completed by Teacher

Please complete and email to Tiffany Victory,
Program Coordinator at tiffanyv@atlanticstreet.org



Teacher Section Please fill in student's name below.

Summer Academy 2026

Applicant/Student First Name				Applicant/Student Last Name		
Referring Teacher			School			2025-2026 School Year Grade Level
Student's Primary Learning Style	<input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Kinesthetic <input type="checkbox"/> Global <input type="checkbox"/> Other:					Fall DRA Score

Please mark an "X" in each row as it relates to the best description of the student's learning/classroom habits.

	Student SPS Number:						Comments
	N/A	Excellent	Good	Fair	Poor	Very Poor	
Finishes Assignments							
Class Attendance							
Study Skills							
Conflict Resolution							
Positive Interactions							
Communications Skills							
Overall Writing Skills							
Ideas/Organization							
Writing Fluency							
Penmanship							
Spelling							
Overall Reading Skills							
Sight Words							
Decoding							
Comprehension							
Vocabulary							
Fluency							
Overall Math Skills							
Counting							
Place Value							
Addition							
Subtraction							
Multiplication							
Division							
Story Problems							
Estimations							
Fractions							
Percentages							
Decimals							

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Please fill in student's name below.

Applicant First Name _____ Applicant Last Name _____ Date of Birth (mm/dd/yyyy) _____ Male Female Nonbinary
 Transgender _____

Please identify learning goals for this student in each subject area.

Please share your suggestions for successful ways to work with this student.

Please identify if this student has an IEP, special accommodations, academic process, etc.

Please provide other information you feel is pertinent to making this 5-week program a success for this student.

Teacher Name

Teacher Signature

Date (mm/dd/yyyy)

Teacher Email Address: _____

