

Evaluating Academic Strengths and Struggles

Use this form to learn a range of information about where children do well and where they struggle in school.

Name _____ Age _____ School Year _____

Gross (large) motor skills:

- | | | | |
|---|-----|----|-----------|
| 1. My child sits up straight at the table or desk | Yes | No | Sometimes |
| 2. My child rest his hand on his head | Yes | No | Sometimes |
| 3. My child is moves around/wiggles | Yes | No | Sometimes |
| 4. My child kneels at the table or desk | Yes | No | Sometimes |
| 5. Other _____ | | | |

Fine Motor Skills:

- | | | | |
|---|-----|----|-----------|
| 1. My child's work is legible and neat | Yes | No | Sometimes |
| 2. My child is easily frustrated by writing | Yes | No | Sometimes |
| 3. My child likes to color and draw | Yes | No | Sometimes |
| 4. My child has a good pencil grip | Yes | No | Sometimes |
| 5. Other _____ | | | |

Academic Likes/Dislikes:

1. My child's favorite subject is _____
2. My child's least favorite subject is _____
3. The subject my child is most likely to meltdown over is _____
4. My child likes work that is _____
5. Other _____

Work Environment:

- | | | | |
|--|-----|----|-----------|
| 1. My child prefers a quiet space in which to work | Yes | No | Sometimes |
| 2. My child is oblivious to surrounding chaos | Yes | No | Sometimes |
| 3. My child likes his space organized | Yes | No | Sometimes |
| 4. My child likes space around him to move | Yes | No | Sometimes |
| 5. Other _____ | | | |

Work Habits:

- | | | | |
|--|-----|----|-----------|
| 1. My child begins lessons promptly | Yes | No | Sometimes |
| 2. My child is easily distracted | Yes | No | Sometimes |
| 3. My child loses pencils and erasers | Yes | No | Sometimes |
| 4. My child prefers to work independently from me | Yes | No | Sometimes |
| 5. My child prefers to have a sibling in the class | Yes | No | Sometimes |
| 6. Other _____ | | | |

Language Processing/Comprehension

- | | | | |
|--|-----|----|-----------|
| 1. My child understands a passage read to him | Yes | No | Sometimes |
| 2. My child understands a passage he reads | Yes | No | Sometimes |
| 3. My child can follow multi-step oral instructions | Yes | No | Sometimes |
| 4. My child can follow multi-step written instructions | Yes | No | Sometimes |
| 5. Other _____ | | | |

Number Processing/Comprehension

- | | | | |
|---|-----|----|-----------|
| 1. My child struggles with math facts | Yes | No | Sometimes |
| 2. My child can identify the steps in a problem | Yes | No | Sometimes |
| 3. My child "loses track" of his place in a problem | Yes | No | Sometimes |
| 4. My child struggles to understand new concepts | Yes | No | Sometimes |
| 5. Other _____ | | | |