

NAME _____ DATE _____

TEACHER: Please use this form to rate this child relative to his own past performance, focusing on the positive or negative changes he/she has made, rather than making a comparison to the performance of others in the classroom.

GOAL	1 (Some Deterioration)	2	3 (Some Improvement)	4	5 (Much Improvement)

COMMENTS (IF NEEDED) _____

----- CUT HERE -----

NAME _____ DATE _____

TEACHER: Please use this form to rate this child relative to his own past performance, focusing on the positive or negative changes he/she has made, rather than making a comparison to the performance of others in the classroom.

GOAL	1 (Some Deterioration)	2	3 (Some Improvement)	4	5 (Much Improvement)

COMMENTS (IF NEEDED) _____

