

Spelling Survey

Name _____

Date _____

Are you or are you not a good speller? Why do you think so?

2. What do you do when you don't know how to spell a word?

3. If someone is having trouble spelling a word, how could you help that person

What three things help you learn to spell a new word?

a. _____

b. _____

c. _____

5. What things have you tried that do not help your spelling?

a. _____

b. _____

On the back, please add other comments you would like to share about spelling. You might include your feelings about spelling, how to choose words to study, how to practice, etc.

Reading Attitude Survey

Student's name _____ Interviewer _____ Date _____

Directions: Ask the student the question and give him/her time to think. Prompt the child to give more detailed answers. Ask the child to explain why or give an example.

How do you feel about reading? _____

When and how did you learn to read? _____

What kinds of things do you like to read at school? _____

What kinds of things do you like to read at home? _____

Do you read to anyone in your family? Who? When? How do you feel about it? _____

Why do you think it's important to be a good reader? _____

How do you feel when your teacher reads aloud? _____

How do you feel when you read aloud to others at school? _____

How do you feel when someone gives you a book for a present? _____

How do you feel about yourself as a reader? _____



Interest Inventories



When we learn we depend on our senses to bring in our information. Some people learn best by listening to things. Others learn best by seeing things or even reading. Lots of people learn best by touching and doing things to learn. Knowing how you take in information is a valuable thing to know. Try this simple quiz to help you learn about YOUR own learning style.

1. Which would you prefer to read for fun?
 - A. a travel book with a lot of pictures
 - B. a mystery book with lots of conversation in it.
 - C. a book where you answer questions and do puzzles

2. If you went to a party, what would you be most likely to remember the next day?
 - A. the faces of people, but not their names
 - B. the names but not the faces
 - C. the things you did and said while you were there

3. What do you find most distracting when you are trying to concentrate?
 - A. visual distraction
 - B. noises
 - C. other sensations like hunger, tight shoes, or worry

4. When you enter a museum, what do you look at first?
 - A. look around and find a map showing the locations of various exhibits
 - B. talk to a museum guide and asks about the exhibits
 - C. go into the first exhibit that looks interesting, and read directions later

5. Which of these do you do when you listen to music?
 - A. daydream
 - B. hum along
 - C. move with the music, tap your foot, etc.

6. When you spell a word, which of these are you most likely to do?
 - A. write it out to see if it looks right
 - B. sound it out
 - C. write it out to sense if it feels right

7. How would you rather study for a test?
 - A. read notes, headings in books, diagrams

- B. have someone ask you questions, or repeat facts silently to yourself
- C. write things out on index cards and make models or diagrams

CHECK OUT YOUR RESULTS

Creative	Invention	NASA	Writing	Quizzing	Interest	Other	Home
Problem	Convention	Scenarios	Projects	Competitions	Inventories	Contests	
Solving							

Weekly Review

Name

Date

What was your biggest achievement this week?

What was your favorite activity this week? Why?

In what area did you improve the most? What improvement(s) did you make?

In what area do you feel the need for the most help?

Write one goal for next week and tell how you plan to reach it.

Student Writing Attitude Survey 11,

Name _____ Age _____ Date _____ Teacher _____

A. I like to draw.

not at all a little some a lot a whole lot

=====

1. I like writing stories.

not at all a little some a lot a whole lot

2. Writing is boring.

not at all a little some a lot a whole lot

3. I like to write in my spare time.

not at all a little some a lot a whole lot

4. I enjoy writing notes and letters to people.

not at all a little some a lot a whole lot

5. I like writing at school.

not at all a little some a lot a whole lot

6. I have trouble thinking about what to write.

not at all a little some a lot a whole lot

7. It's fun to write things at home.

not at all a little some a lot a whole lot

8. I like to share my writing with others.

not at all a little some a lot a whole lot

Myself as a Learner

Name _____ Date _____ Grade _____

Please circle the words YES, SOMETIMES, or NO to tell your feelings about each of these statements about learning:

- | | | | |
|--|------------|------------------|-----------|
| 1. I wonder about things and like to find out about them. | YES | SOMETIMES | NO |
| 2. I like to read on my own. I like books and read a lot. | YES | SOMETIMES | NO |
| 3. I like other people to read to me. | YES | SOMETIMES | NO |
| 4. I like to share my ideas by talking. | YES | SOMETIMES | NO |
| 5. I like to share my ideas by acting things out. | YES | SOMETIMES | NO |
| 6. I like to share my ideas by drawing. | YES | SOMETIMES | NO |
| 7. I like to share my ideas by writing. | YES | SOMETIMES | NO |
| 8. I keep working at things even if they seem hard | YES | SOMETIMES | NO |
| 9. When I'm reading or writing and I don't know a word, I try to figure it out myself and keep on going. | YES | SOMETIMES | NO |

Use your words to finish these comments:

I especially like to read, write, and learn about _____

I am really good at _____

One thing that I find difficult is _____

Anything else? _____

Parent Observation Guide

Date _____

Child's Name _____

Welcome to our classroom. You may want to take a few notes on what you observe your child doing while working alone, with me, or with other children. Use these prompts to guide you. We can discuss them later if you like. Enjoy your visit!

When I observed my child in the classroom today:

noticed that s/he can

noticed my child especially enjoyed working on

Wondered about

After observing my child in class today:

I like to know

I'd like to discuss the following goal(s)

Primary Parent Survey

Child's Name _____ Date _____

Please take a few minutes to reflect upon the growth of your child. Using the codes below, circle the numbers that best indicate your observations. Then complete the statements that follow and return this form to school.

1 = Most of the time
2 = Sometimes
3 = Rarely
4 = Never observed

My child:	<u>can stay on a task until completion</u>	1	2	3	4
	<u>seems to want to learn/is curious about things</u>	1	2	3	4
	<u>makes choices independently about using free time</u>	1		3	4
	<u>chooses activities that entertain him/her (videos, Nintendo, etc.)</u>	1	2	3	4
	<u>likes to draw or color</u>	1		3	4
	<u>uses her/his own spelling</u>	1	2	3	4
	<u>likes to write</u>	1	2	3	4
	<u>likes to talk about or share his/her writing</u>	1	2	3	4
	<u>likes to listen to family members read to her/him</u>	1	2	3	
	<u>tries to read in everyday situations (signs, labels, etc.)</u>	1	2	3	
	<u>tries to figure out new words for him/herself when reading</u>	1	2	3	4
	<u>likes to read to others</u>			3	

My child seems to have a _____ attention span.
(long average, short)

These are some of my child's strengths that I see: _____

Some of my child's interests are _____

Some areas where my child needs to improve are _____

**Please use the back of this form to write any concerns and/or questions you may have.
Thank you for your help!**

WEEKLY PROGRESS REPORT

STUDENT'S SELF EVALUATION

	Always	Usually	Sometimes	Never
Come to school prepared	1	2	3	4
Am on task	1	2	3	4
Do my best		2	3	4
Monitor my behavior	1	2	3	4
Cooperate with others	1	2	3	4

Student comments:

Parent comments:

Date _____ Signatures: _____

(student)

WEEKLY PROGRESS REPORT

TEACHER'S EVALUATION

	Always	Usually	Sometimes	Never
Comes to school prepared	1	2	3	4
Is on task	1	2	3	4
Does his/her best	1	2	3	4
Monitors own behavior	1	2	3	4
Cooperates with others	1	2	3	4

Teacher comments:

(teacher)

(parent)

Interest Inventory

Name: _____

hair Color: _____

Age: _____

e Color: _____

School: _____

Right or Left Handed? _____

People in Family:

Favorite Food.: _____

Favorite Color: _____

Favorite Sport: _____

Favorite School Subject: _____

Favorite thing to do at home: _____

Favorite Television Program: _____

Favorite Movie: _____

Favorite Video: _____

Favorite Computer Game: _____

Favorite Music: _____

Favorite Restaurant: _____

Favorite Book: _____

Is there something you like to do with another person? _____

. Name a friend you have: _____

Name a friend you would like to have: _____

Do you have something you like to do most of all? _____

Resource Room Evaluation

Name _____ Date _____

Circle the words that tell how you feel and write comments in your own words.

1. I like going to the Resource Room. ALWAYS SOMETIMES NEVER
2. I know what is expected Of me in the Resource Room. ALWAYS SOMETIMES NEVER
3. I am able to easily follow and understand my daily schedule. ALWAYS SOMETIMES NEVER
4. The Resource Room teachers help me feel good about myself and learning. ALWAYS SOMETIMES NEVER
5. The Resource Room has helped me with my school work or to do better in my other class(es). A LOT A LITTLE NOT AT ALL
6. Please explain how the Resource Room has helped you or what could help you more.

7. If I could plan my own Resource Room program, I would _____

8. List what you like about the Resource Room: And what you don't like:

_____	_____
_____	_____
_____	_____
_____	_____

9. Choose the program you would like the best:

- a. Leave my classroom and come to the Resource Room.
- b. Stay in my classroom and have the Resource Room teachers come to help me.

Family Questionnaire

Child's Name _____ Date _____

Please take a few moments to sit down with your child to complete this form. Your thoughtful ideas and opinions will **help us greatly in** ' evaluating the success of our school program.

What is your response to how each of these areas have been addressed in our program?

AREA	RATING			ANY ADDITIONAL SPECIFIC COMMENTS?
	High	Low		
Reading	1	2	3	
Writing	1	2	3	
Spelling	1	2	3	
Math	1	2	3	
Social Studies	1	2	3	
Science	1	2	3	
Field Trips	1			
Other:	1	2	3	
Other:	1	2	3	

Please describe your child's feelings toward school.

What are some school activities your child likes? dislikes?

What changes have you noticed in your child since school began?

Please use the back of this form for your additional ideas, thoughts, concerns.
Thank you for your honest feedback.

STUDENT INTEREST INVENTORY

Name _____ Date _____

1. My favorite school subject is _____
2. My friends are _____
3. I like to read books about _____
4. Things I like are _____
5. My favorite color is _____
6. I would like to take a vacation to _____
7. In my free time I like to _____
8. My favorite food is _____
9. My favorite song or movie is _____
10. What I liked least about school is _____
11. If I had 50 dollars, I would _____
12. In the future, I would like to be a _____
13. If I could invent something to make the world a better place it would be _____
14. The person I most admire is _____. The reason I admire this person is because _____
15. Things I dislike are _____
16. My favorite sport is _____
17. My hobbies are _____

Science Survey

Name _____ Date _____

Do you consider yourself a scientist? Why or why not?

2. What helps someone become a good scientist?

3. Name several types of scientists.

4. Do you enjoy science? Why or why not?

5. What kinds of science do you most enjoy?

6. Describe any scientific experiments you've done or any science books you've read.

7. Any other comments about science (topics you'd like to study, feelings you have about science, etc.).

Student Attitude Survey

Name _____ Grade _____ Teacher _____ Date _____

1. What do you like about school? Why?

2. What don't you like about school? Why?

3. What is the easiest thing for you at school? Why?

4. What is the hardest thing for you at school?

5. What do you think would make this easier for you?

6. What accomplishment are you most proud of here at school? Why?

7. What do you want to learn about next?

8. Is there anything else you'd like to say about your feelings about school?
