

**Classroom Teacher Form
For Good Counsel Learning Center**

Permission for _____ Grade _____

Parent:

As parent/guardian, I/we request that any helpful academic information or assessment scores be shared with the director of the Good Counsel Learning Center and the Summer School teacher for the child listed above.

Parent/Guardian Signature

Teacher: (Please respond wherever pertinent. Use reverse if needed.)

Reading Assessments (title and score) _____
Textbook Series and Grade Level _____

Which reading skills does this student need help with? _____

Math Assessments (title and score) _____
Textbook Series and Grade Level _____

Which math skills does this student need help with? _____

Best learning style: _____

Learning struggles: _____

Teacher name: _____

Date: _____

Thank you – you're help is greatly appreciated!