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Date: _____

Student: _____ Teacher: _____ Subject: _____

What are this student's strengths:

What are your concerns regarding this student:

What if any accommodations does this student currently use in the classroom?

Please complete the following table.

Behavior or Academic Issue	Never/ Rarely	Sometimes	Often
Poor Spelling			
Work tends to be messy			
Takes a long time to complete tasks			
Problems with grammar and punctuation			
Reads at a slower pace or with inaccuracy			
Trouble pronouncing words			
Reverses letters when reading or writing (b/d, p/q)			
Difficulty with comprehension when reading			
Trouble writing at same speed as peers			
Difficulty learning math concepts/word problems			
Trouble getting to the point in conversation			
Slow, deliberate speech			
Inconsistent eye contact			
Difficulty following directions			
Often does not turn in homework			
Has few or no friends			
Difficulty getting along with classmates			
Anger outbursts			
Poor motivation for tasks			
Sleepy during the day			
Seems sad or depressed			
Seems worried or anxious			

Please include any additional information you would like us to know on the back of this form. Thank you very much for sharing your input regarding this student.