Dear Teacher,

The student listed below has enrolled in the Student Tutoring Program at the Cardinal Shehan Center. He/She will be working on individual academic needs as well as his/her homework. We have resources that address the goals of K-8 students as listed in the Bridgeport Curriculum Guide; however your input would be extremely valuable. Please fill this form out completely and return to the student or parent. Your responses are confidential and are to be used for tutoring purposes only.

**ASSESSMENT FORM**

Teacher’s Name ___________________________ School Phone # ________________

Student’s Name ___________________________ Grade _____

Please check the appropriate content area in which assistance is needed and indicate the specific need (i.e. Multiplication, short vowel sounds, etc.)

____ Math ________________________________________________________________

____ Science _____________________________________________________________

____ Reading _____________________________________________________________

____ Social Studies _______________________________________________________

____ Writing _____________________________________________________________

____ Other ______________________________________________________________

What are the student’s greatest strengths?

________________________________________________________________________

________________________________________________________________________

Is there anything else the tutor should know about the child? ______________________

________________________________________________________________________