

THE CRAIG SCHOOL ACADEMIC INFORMATION FORM/SUMMER PROGRAM

To be completed by teacher, tutor or educational consultant

DATE: _____

LANGUAGE ARTS

Name of Student: _____ Grade entering next Fall: _____

Written language level: _____

ACADEMIC STRENGTHS:

ACADEMIC WEAKNESSES:

RECOMMENDATIONS:

ANY ADDITIONAL INFORMATION THAT YOU FEEL IS PERTINENT:

Name: _____

Relation to student: _____ Date: _____

TURNING POTENTIAL INTO
ACHIEVEMENT
ONE STUDENT AT A TIME.



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MATH

Name of Student: _____ Grade entering next Fall: _____

Current math level: _____

ACADEMIC STRENGTHS:

ACADEMIC WEAKNESSES:

RECOMMENDATIONS:

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Name: _____

Relation to student: _____ Date: _____

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READING

Name of Student: _____ Grade entering next Fall: _____

Current reading level: _____

ACADEMIC STRENGTHS:

ACADEMIC WEAKNESSES:

RECOMMENDATIONS:

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Name: _____

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