

**Student Assistance Team**  
**Classroom Performance Rating Form**

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Course/Subject: \_\_\_\_\_ Class Hour/Period: \_\_\_\_\_

Skills Rating: Rate the student's standing relative to other students in his/her class on the skills listed below. (If you are unsure of the student's abilities on a particular skill, leave it blank.) 1 is significantly or severely below grade level, 2 is somewhat below grade level, 3 is at grade level, and 4 is above grade level.

Reading Skills	1 _____	2 _____	3 _____	4 _____
Mathematics Skills	1 _____	2 _____	3 _____	4 _____
Written Expression Skills	1 _____	2 _____	3 _____	4 _____
Study & Organizational Skills	1 _____	2 _____	3 _____	4 _____
Classroom Conduct	1 _____	2 _____	3 _____	4 _____

Concerns: List up to 3 primary concerns that you have with this student in your classroom:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Strategies: List specific strategies that you have tried in the classroom to support this student in area(s) of concern.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Attach most current/updated progress reports.