



TEACHER'S ASSESSMENT FORM

Name of child _____

School _____

Grade _____

Name of teacher _____

Teacher Phone Number _____

The above child has an opportunity to attend a 2- to 4-week summer camp designed with his/her needs in mind. The information that you provide will help this child achieve success at camp. All information provided will be kept strictly confidential and will be used for evaluation purposes only. Thank you for taking the time to complete this short form.

1. Do you find that he/she is able to follow direction in a classroom style environment?

2. How does he/she interact with other classmates?

3. What activities does he/she enjoy during the course of a school day?

4. Is there any other information that you can share which would be beneficial to us?

NOTE to PARENT: Please provide the teacher with a pre-address, stamped envelope for him/her to send the form directly to the DSA of Greater Charlotte.

TEACHER: Please return this completed form by May 8th to the following address:

DSA of Greater Charlotte
Camp Holiday
3900 #C Park Rd.
Charlotte, NC 28209-3790