



School Report Form Language Unit

NAME: _____ PRESENT CLASS: _____

DOB: _____ ADDRESS: _____

TEACHER: _____ DATE : _____

ATTENDANCE / DAYS MISSED	PUNCTUALITY

AS A LEARNER	1	2	3	4
Interested in Learning				
Listens Attentively				
Works Independently				
Works well with other children				
Homework of a high quality				
Presents work carefully				
Keeps trying even when tasks are difficult				
Parental Interest				
Fine Motor Skills				
Gross Motor Skills				

1 = Rarely, 2 = Sometimes, 3 = Most of the time 4 = Always

Please comment on the following	
Hearing	
Vision	
Voice-Hoarse, volume etc	

SOCIAL AND PERSONAL DEVELOPMENT	1	2	3	4
Happy at school				
Behaves well in class				
Mixes well with other children				
Sensitive to others' feelings				
Behaves well in the playground				
Manages and expresses own feelings well				

1 = Experiencing significant difficulty, 2 = Experiencing some difficulty, 3 = Managing Comfortably,
4 = Capable & competent, 5 = Highly capable and competent

COMMUNICATION & LANGUAGE	1	2	3	4
Attention				
Listening				
Memory				
Understanding				
Verbal Expression				
Articulation				
Fluency				

1 = Experiencing significant difficulty, 2 = Experiencing some difficulty, 3 = Managing Comfortably,
4 = Capable & competent, 5 = Highly capable and competent

ENGLISH	1	2	3	4	5
Listening comprehension					
Oral expression					
Reading					
Phonics / Sounds etc					
Handwriting / Letter formation					

STANDARDISED TEST RESULTS & FURTHER INFORMATION...TEXTS, Pm + Level etc

1 = Experiencing significant difficulty, 2 = Experiencing some difficulty, 3 = Managing Comfortably, 4 = Capable & competent, 5 = Highly capable and competent

MATHEMATICS	1	2	3	4	5
Oral /Mental Maths					
Number					
Other strands of Curriculum					
Concepts					

MATHS STANDARDISED TEST RESULTS & FURTHER INFORMATION...TEXTS etc

1 = Experiencing significant difficulty, 2 = Experiencing some difficulty, 3 = Managing Comfortably, 4 =Capable & competent, 5 = Highly capable and competent

OTHER CURRICULAR AREAS	1	2	3	4	5
SOCIAL, ENVIRONMENTAL & SCIENTIFIC EDUCATION					
VISUAL ARTS					
MUSIC					
PHYSICAL EDUCATION					
SOCIAL, PERSONAL & HEALTH EDUCATION					
RELIGIOUS EDUCATION					

PROFESSIONAL ASSESSMENTS / REPORTS

Is this child receiving any extra support in school?

Does this children have SNA sanction?

If not does this child require SNA access?

ANY ADDITIONAL COMMENT
Please include a copy of the child's IEP if it is available.

TEACHER _____ **PRINCIPAL** _____

Date: _____