

CALIFORNIA STATE UNIVERSITY, LONG BEACH
COMMUNITY CLINIC FOR COUNSELING AND EDUCATIONAL SERVICES
1250 Bellflower Boulevard, ED2-155
Long Beach, CA 90840
Tele: (562) 985-4991
Fax (562) 985-1469
Teacher Report Form

Date _____

Child's Name _____ Date of Birth _____

Parent/guardian Instructions

Please sign the AUTHORIZATION TO RELEASE INFORMATION at the bottom of this form and give it to your child's teacher to complete.

AUTHORIZATION TO RELEASE INFORMATION

I hereby grant permission for the exchange of information regarding my child's academic performance and social/emotional adjustment including final reports between the Community Clinic for Counseling and Educational Services at California State University, Long Beach and my child's school.

Parent/Guardian Name (please print) Parent/Guardian Signature

Date
 within 7 days to the parent/guardian or to the Clinic in the self-addressed return envelope.

Teacher name (please print)

Teacher Signature

Date

Teacher Instructions: Please rate the student's skills in the following areas relative to other students of a similar age and grade level:

	1		3		5
	Far below average		Average		Far above average
	2+ years below grade level		At grade level		2+ years above grade level

Reading Skills	1	2	3	4	5
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Writing Skills	1	2	3	4	5
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Math Skills	1	2	3	4	5
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Social/Emotional Skills	1	2	3	4	5
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Please include any comments on your student: