

## Schweickert Teacher Academic Report (STAR)

Name of Student \_\_\_\_\_ Report for Week  
of \_\_\_\_\_

Subject \_\_\_\_\_ Time Of Class \_\_\_\_\_ am/pm

Class Type: A/G \_\_\_\_\_ Regular \_\_\_\_\_ Resource \_\_\_\_\_ BEH \_\_\_\_\_ Self-Contained \_\_\_\_\_  
Other \_\_\_\_\_

Teacher Observation	Not Present	Present, but not a problem	A definite problem
Trouble Sustaining Attention	0	1	2
Impulsivity	0	1	2
Hyperactivity	0	1	2
Incomplete Classwork	0	1	2
Seems Anxious	0	1	2
Inadequate Social Skills	0	1	2
Trouble Organizing Work	0	1	2
Disrespectful of Authority	0	1	2
Aggression	0	1	2
Sadness	0	1	2
Handwriting Problems	0	1	2
Physical complaints	0	1	2
Learning Problems	0	1	2
Easily Distracted	0	1	2
Missing Assignments	0	1	2
Disturbs Other Children	0	1	2
Problems At Home	0	1	2
Works Below Grade Level	0	1	2
Seems Bored /Unchallenged	0	1	2
Trouble Transitioning	0	1	2
Works Below Potential	0	1	2
Staring Spells	0	1	2

If you marked any of the above as a definite problem, please describe:

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Please describe any other concerns you have about this student:

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What do you see as this student's strengths?

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*Thank you for taking the time to complete this evaluation. Your assistance is valued and appreciated.  
Please fax to Lori A. Schweickert, MD (919) 677-0113, or return to parent when completed.*