



Harmony Medical  
Associates  
Envision Empower Excel

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## Teacher's Feedback Form

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Teacher's Name:** \_\_\_\_\_

Do you have any problems or concerns about this child in the classroom? \_\_\_\_\_

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What are this child's strong points in the classroom? \_\_\_\_\_

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What are this child's weak points in the classroom? \_\_\_\_\_

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How does he/she get along with peers? \_\_\_\_\_

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Is attention or distractibility a major problem? \_\_\_\_\_

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How does this child respond to discipline? \_\_\_\_\_

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How is this child's mood? \_\_\_\_\_

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Other Comments: \_\_\_\_\_

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Thanks for your time and help.