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EDUCATIONAL REPORT

The information requested will be of value in evaluating your student.

Date: _____

Name: _____ Sex: _____ Birthdate: _____ Age: _____

Mother's Name: _____ Father's Name: _____

School: _____ District: _____ Grade: _____

Has this student received special education services? Currently Yes No Previously Yes No

If yes, services provided _____

Please indicate the child's strengths and difficulties in the following areas:

ACHIEVEMENT AREAS TO BE CHECKED	NO CONCERN	MINOR CONCERN	MODERATE CONCERN	HIGH CONCERN
READING/READING READINESS*				
Comprehension				
Degree of Independence				
Ability to Complete Tasks				
Attitude and Motivation				

MATH/MATH READINESS*				
Computation Skills				
Concepts/Comprehension				
Degree of Independence				
Ability to Complete Tasks				
Attitude and Motivation				

SPELLING*				
Spelling Tests				
Application in Daily Work				
Degree of Independence				
Ability to Complete Tasks				
Attitude and Motivation				

SCIENCE*				
Basic Understanding				
Participation: Oral				
Participation: Written				
Attitude and Motivation				

Do you feel this child demonstrates learning and/or behavioral problems that interfere with success in school? Yes No

2. In what subject areas or subjects does child experience the most success? _____

3. What types of learning tasks offer success for this child? _____

4. What type of tasks are the most difficult for this child? _____

5. What types of instruction or modification is helpful in teaching this child? _____

6. Is such instruction or modification generally successful in meeting child's needs for success and a feeling of accomplishment? _____

7. Are there areas in which additional modification of curriculum or instruction are needed? _____

Name of Person Completing Form: _____

Title: _____ Date: _____