

2009-2010

Personal Academic Assessment

Dear Parents and Grade 9 Student,

In an effort to get to know you and to help facilitate a smooth transition to Joel Barlow High School, we have developed a brief assessment for you to complete. This is an informal opportunity for you as a family to reflect on your middle school experience and discuss your academic history including strengths and challenges. Please take some time to discuss each of these areas and complete this form. We have scheduled a meeting with your child and will review this form with them then.

Student Name:

Grade:

Email Address:

Counselor:

Parent/Guardian name(s):

Phone (home, cell #s):

Email Address(s):

Preferred method of communication?

1. Academic History:

Strengths (+)

Challenges (-)

2. Homework habits: (i.e. when, where, duration?)

3. Effective Study Strategies used: (i.e. rewriting notes, flashcards, outlining, etc.)

4. Time Management/Organizational Skills:

5. Positive/Negative influences on educational experience: