



Feil & Oppenheimer Psychological Services

260 Waseca Ave.
Barrington, RI 02806
401-245-4040
Fax: 401-245-1240
feiloppenheimer@gmail.com

Teacher's Report

Student's Name: _____ **School:** _____
Teacher's Name: _____ **Grade:** _____
Teacher's Email: _____ **Team:** _____
Preferred Phone: _____ **Address:** _____

Other school personnel involved with this student:

It would be helpful in providing evaluation or counseling services to your student and his/her family if you could briefly address the areas listed below and return this form to me.

Social Relationships: (with authority figures, peers, responses to limits)

Academic Aptitude: (abilities, learning difficulties, concentration, strengths and weaknesses)

Achievement: (performance, attitude, motivation)

Other Issues:

Please enclose any information or records that you feel may be helpful to me such as: evaluations, progress notes, report cards, anecdotal reports). You are welcome to call if you have anything that you would like to share. Thank you.