

America Counts Student Entrance Form

(To be filled out at beginning of term)

Date: _____ / _____ / _____

Students Name: _____
(First name and last initial ONLY)

Grade Level: _____

Teachers Name: _____
(Please Print)

School Name: _____

Math level at time of evaluation: _____

Reading level at time of evaluation: _____

Specific Concerns/Comments: _____

Evaluated By: _____

Tutoring Plan:

Objective #1 – _____

Objective #2 – _____

Specific instructional plan by which to meet above objectives - _____

Teacher signature

Tutor signature