

Parent Assessment VMMS

Student Name: _____
(Last)
(First)
(Middle)

<i>Instructions: Please check only one box. Additional comments may be written on a separate sheet.</i>	Always	Usually	Sometimes	Never	Additional Explanation(s)
Does your child try to show their best work on class assignments, tests and projects?					
Does your child turn in homework and outside projects on time?					
Does your child complete homework and class projects to the best of their ability?					
Does your child understand new ideas easily?					
Does your child try to find out more about some things they learn in school?					
Does your child like to read outside of school?					
Do they like learning new things?					
Do you consider them to be organized?					
Do they do their homework without being told?					
Do they seek out opportunities to help individuals/groups in their neighborhood/community?					
Do you believe they are a good student academically?					
Do they have trouble getting their homework done because of things they do outside of school (soccer, church, etc.)?					

Please comment on how you believe your student will adjust to middle school:

Other things you would like us to know about your student:

 Parent/Guardian (Please Print)

 Parent/Guardian Signature