**Student Name:**

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**PERSON(S) COMPLETING THIS FORM:**

**SCHOOL NAME:** ____________________________ **GRADE LEVEL(S) YOU TAUGHT STUDENT:** ____________________________

**IN WHAT CAPACITY DID YOU TEACH THE STUDENT?**

- [ ] HOMEROOM TEACHER
- [ ] SUBJECT SPECIALIST TEACHER

**ADDITIONAL DETAILS, IF NEEDED:**

**WHAT ARE THE FIRST FEW WORDS THAT COME TO MIND TO DESCRIBE THIS APPLICANT?**

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### STUDENT SKILLS

<table>
<thead>
<tr>
<th>Skill</th>
<th>Consistently</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Exhibits empathy toward peers</td>
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<tr>
<td>Cooperates in work and play</td>
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<tr>
<td>Resolves differences appropriately</td>
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<td>Assumes a leadership role with peers</td>
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<td>Can follow the lead of peers</td>
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<td>Perseveres with difficult tasks</td>
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<td>Accepts responsibility for behavior</td>
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<tr>
<td>Demonstrates self-control in class</td>
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<tr>
<td>Demonstrates self-control on the playground</td>
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<td>Transitions appropriately between activities</td>
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<td>Displays age appropriate resilience</td>
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<td>Contributes to class discussions</td>
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<tr>
<td>Works with independence and self-direction</td>
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<tr>
<td>Listens to and follows directions</td>
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<td>Uses class time efficiently</td>
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<td>Sustains attention and focus</td>
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<td>Accepts criticism appropriately</td>
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<td>Open to new challenges</td>
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<td>Exhibits problem-solving ability</td>
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<td>Seeks help appropriately when needed</td>
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</table>

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**Additional Information:**

In group situations, what behaviors does the student typically display? *(check all that apply)*

- [ ] TRIES TO CONTROL
- [ ] TAKES A LEADERSHIP ROLE
- [ ] PARTICIPATES COOPERATIVELY
- [ ] OBSERVES
- [ ] SEEKS ATTENTION

**ADDITIONAL DETAILS, IF NEEDED:**

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[Please complete and submit this form one of two ways:](#)

- **Email:** Scan the completed form and email to the Summer Link Application Manager, Karen Zaidberg (kzaidberg@overlake.org).
- **Mail:** The Overlake School
  Summer Link Program
  20301 NE 108th St.
  Redmond, WA  98053
Please comment on the student’s academic and personal strengths.

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

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____________________________________________________________________________________________________________________________________________________

Please comment on the student’s academic and personal challenges.

____________________________________________________________________________________________________________________________________________________

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____________________________________________________________________________________________________________________________________________________

Do you have any specific concerns? (check all that apply)
☐ FINE MOTOR ☐ GROSS MOTOR ☐ SOCIAL/EMOTIONAL ☐ BEHAVIORAL ☐ SPEECH
☐ READING ☐ WRITING ☐ MATH ☐ OTHER ☐ NONE

Additional details, if needed: ________________________________________________________________

Are the parents/guardians supportive of the student’s strengths and challenges? Have their expectations and perceptions of their student and your program been in alignment with yours and the school’s?

____________________________________________________________________________________________________________________________________________________

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Please mention any additional information which you think might help us make an informed decision.

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Thank you for your time and candor! Please keep a copy of this form for your records.

☐ Check here if you would like a telephone conference to provide further information.
If needed, may we contact you for further clarification?  ☐ YES ☐ NO

EMAIL: __________________________ PHONE: __________________________

SIGNATURE(S): __________________________ DATE: __________________________