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Teacher's Feedback Form _____ Grade: _____ Date: _____ Pupil's Name: School: Teacher's Name: Do you have any problems or concerns about this child in the classroom? What are this child's strong points in the classroom? What are this child's weak points in the classroom? How does he/she get along with peers? Is attention or distractibility a major problem? How does this child respond to discipline? How is this child's mood? Other Comments:

If you need more space, you may continue on the back.