



TEACHER SUPPORT STATEMENT

Student Name: _____ Date: ____ / ____ / ____

School: _____ Year: _____ Teacher: _____

ATTENDANCE

No/Limited absences Occasional absences Problematic absences

Goal 1: Ability to learn and work independently (Character & Critical thinking)

Excellent Competent Working towards

Goal 2: Ability to learn and work effectively in a group (Collaboration & Communication)

Excellent Competent Working towards

Goal 3: Creativity demonstrated in learning activities (Creativity)

High Sound Limited

Goal 4: Behaviour (Character & Citizenship)

Excellent Satisfactory Needs improvement

SUPPORTING STATEMENT
