



Idanr • Learning Disabilities Association of Niagara Region

The right to learn, the power to achieve

Teacher Feedback Form

Date:

Teacher Information

Teacher name:

Email:

School:

Student Information

Student name:

Grade:

LDANR program of interest:

*The LDANR offers support programs for students with diagnosed or suspected [learning disabilities](#) (e.g., dyslexia (reading), dyscalculia (math)) and ADHD. To access our programs, however, **the LDANR does not require a formal diagnosis/identification of a learning disability.***

Please help us to determine the student's areas of need by providing the answers to the following questions:

*** If applying for reading-specific programs (Reading Rocks, Reading Rocks Junior, Let's R.E.A.D., S.L.A.M. Summer Camp):**

1. Does the student know their letter names and sounds? Yes No

Comments:

2. Is the student able to print most letters? Yes No

Comments:

3. Can the student identify sight words at grade level? Yes No

Comments:

4. Does the student sound out words when reading? Yes No

Comments:

5. Is the student performing at grade level in their literacy skills? Yes No
If not, what grade level would you say they are performing at?

6. Does there seem to be a discrepancy between the student's achievement in reading in comparison to their achievement in other subject areas? Yes No

Comments:

7. Please provide any additional information that you feel would further indicate the student's need for this support program:

*** If applying for math-specific program (JUMP Math):**

1. Does the student know how to represent, order and compare whole numbers / decimals / rational numbers at a grade-appropriate level?

Yes No

Comments:

2. Does the student have a strong grasp of place value?

Yes No

Comments:

3. Can the student fluently and accurately identify the answer to grade-level math facts?

Yes No

Comments:

4. Does the student communicate their understanding well using appropriate math vocabulary and symbols?

Yes No

Comments:

5. Is the student easily overwhelmed when asked to complete math tasks?

Yes No

Comments:

6. Is the student performing at grade level in their number sense skills? If not, what grade level would you say they are performing at?

Yes No

Comments:

7. Does there seem to be a discrepancy between the student's achievement in numeracy in comparison to their achievement in other math strands or subject areas?

Yes No

Comments:

8. Please provide any additional information that you feel would further indicate the student's need for this support program.

Comments:

*** If applying for social skills/self-advocacy program (B.E.S.T. Self-Advocacy and Coping Skills, S.L.A.M. Summer Camp):**

1. Does the student have difficulty managing his/her emotions or dealing with frustrations?

Yes No

Comments:

2. Does the student have difficulty staying organized? Yes No

Comments:

3. Do you believe the student has the necessary tools and strategies to cope with these difficulties? Yes No

Comments:

Thank you for taking the time to fill this out!

Please email / scan / fax (905-641-2336) the completed form to:

Program Coordinator

Reading Rocks, B.E.S.T.,
S.L.A.M.

eglencross@Ldaniagara.org

OR

Project Coordinator

Reading Rocks Jr.,
Let's R.E.A.D.

swarriner@Ldaniagara.org

OR

Math Coordinator

JUMP Math

smccorriston@Ldaniagara.org

Learning Disabilities Association of Niagara Region

Charitable Registration # 73291 9097 RR 0001

Phone: (905) 641-1021 Fax: (905) 641-2336

www.LDANiagara.org