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San Dimas 554 E. Foothill Blvd. San Dimas, CA 91773 909-745-1800

E-Mail: mylearningcenterllc@gmail.com

EVALUATION FORM

I give MY Learning Center permission to contact teachers and school staff regarding my child's education plan. This communication is to help my child achieve their educational goal.

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Teacher:	
Grade:	_
HER ONLY	
Remind/ Class Dojo/ Bloomz/ Email/ Other	
or invite to communication device:	
orehensions: ou would like us to focus on with the student? pment, fluency, etc)	
ed extra support in math. oblems, fractions, etc)	
	Teacher: