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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.

Parent/Guardian Signature _____

Child's Name: _____ Teacher: _____

School: _____ Grade: _____

TO BE FILLED OUT BY TEACHER ONLY-----

Best way to communicate: _____
REMIND/ Class Dojo/ Bloomz/ Email/ OTHER

Please provide code number or invite to communication device: _____

AR Level / Reading Level _____

English/ Language Arts/ Comprehensions:

Are there any other areas that you would like us to focus with the student.
(sight words, vocabulary development, fluency, etc....)

MATH:

Math units or areas that may need extra support in math
(multiplication, division, word problems, fractions, etc....)

