



**LIFELINE EDUCATIONAL SOLUTIONS LIMITED**  
**STUDENT ASSESSMENT REPORT**  
**“DIAGNOSING THE PROBLEM”**

Date: \_\_\_\_\_

Name of student: \_\_\_\_\_

Age: \_\_\_\_\_ Class: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Type of contract: \_\_\_\_\_

Educator's Name(s): \_\_\_\_\_

Contact(s): \_\_\_\_\_

**Strengths**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Challenges:**

Please tick (✓) the circle(s) as it applies to this particular student

- |  |  |
|--|--|
| <input type="checkbox"/> Dyslexia (reading difficulty)   | <input type="checkbox"/> Dyscalculia (problems in Maths) |
| <input type="checkbox"/> Dysgraphia (writing difficulty) | <input type="checkbox"/> Processing deficits             |
| <input type="checkbox"/> Hyperactive                     | <input type="checkbox"/> Inattentive                     |

**Any other:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**TUITION OBJECTIVES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Disclaimer:** This report represents a preliminary study of the above named student for a period of at least one month. The objective of which is to help the student overcome various academic challenges. In no way or form should this be used to judge a student's ability, future prospects or qualification.