



# Supervisors Feedback Sheet Page 1



Name:	Date:	Term:	Week:
Talking & Listening	Hard OK Easy Voice R / tape	Comments:	
Reading Text:	Hard OK Easy Voice R / tape	Comments: Fluency / Expression / Skills	
Spelling	Hard OK Easy Voice R / tape	Comments:	
Handwriting	Hard OK Easy Voice R / tape	Comments:	
Writing	Hard OK Easy Voice R / tape	Comments:	
English Unit	Hard OK Easy Voice R / tape	Comments:	
Mathematics	Hard OK Easy Voice R / tape	Comments:	



# Supervisors Feedback Sheet Page 2



Name:	Date:	Term:	Week:
Mentals	Hard OK Easy Voice R / tape	Comments:	
Science & Technology	Hard OK Easy Voice R / tape	Comments:	
Visual Arts / Music /Drama	Hard OK Easy Voice R / tape	Comments:	
PD Health PE	Hard OK Easy Voice R / tape	Comments:	
Tape / Dec Recordings	Hard OK Easy	Comments:	
Satellite Lessons	Hard OK Easy	Comments:	
Supervisors Requests:			

