

# LRS Learning Rating Scale

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_ No. \_\_\_\_\_

Class \_\_\_\_\_ School \_\_\_\_\_

*How do you think you are doing in school at the moment? Please put a mark on the lines to let us know.*

## In class

I don't learn  
much in  
school



\_\_\_\_\_



I learn a lot in  
school

## Socially

I don't get along  
well in school



\_\_\_\_\_



I get along  
well in school

## Method

I don't like the  
way teacher  
teaches



\_\_\_\_\_



I like the way  
teacher teaches

## Expectation

Not much is  
expected of me  
in school



\_\_\_\_\_



Much is  
expected of  
me in school