

Teacher Evaluation Form for Applicants to Middle and Upper Schools

Applicant's Name: _____

Current School: _____ Current Grade: _____

Person(s) Completing this Form: _____

Subject: _____ Grade Level: _____

School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

e-mail: _____

How long have you known this student and in what capacity?

What are the first few words that come to mind to describe this student? _____

Recognizing that completing this form is not part of your official duties, our schools greatly appreciate your helping the applicant by supplying the information requested. **Please note that the information you submit will be confidential, will not be shared with the student and family, and will not become part of the student's permanent school records.** In order to establish and honor confidentiality, please send this form directly to the schools requested.

Academic and Personal Qualities

consistently usually sometimes rarely never

Academic and Personal Qualities	consistently	usually	sometimes	rarely	never	Please elaborate:
Comes to class prepared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Works independently with focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Approaches assignments in creative or novel ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Listens to and follows directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes classwork and homework on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Seeks to deepen understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Effectively communicates ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Synthesizes information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Works from internal motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is aware of his/her own strengths and contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Leads and follows appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Works cooperatively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Approaches school and relationships with honesty and integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Takes responsibility for her/his own actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Works to resolve conflicts with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Regulates impulses and emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accepts criticism appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Additional Information

Please comment upon the applicant's academic and personal strengths:

Please comment upon the applicant's academic and personal weaknesses:

Are the parents of this applicant supportive of their child's strengths and challenges? Have their expectations and perceptions of their child and your program been in alignment with yours and your school's?

Please mention any additional information which you think might help our school make an informed decision.

If the school needs clarification, may we contact you by phone and/or email? Yes No

Signature: _____ Date: _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS