



**CONFIDENTIAL TEACHER EVALUATION FORM
FOR STUDENTS APPLYING TO INDEPENDENT SCHOOLS**
PLEASE PRINT

NAME OF STUDENT _____ CURRENT GRADE _____

NAME OF PERSON COMPLETING THIS FORM _____

RELATIONSHIP TO STUDENT: CURRENT TEACHER FORMER TEACHER SCHOOL HEAD OTHER: _____

I HAVE KNOWN THIS STUDENT FOR _____ YEARS / MONTHS.

WHAT COURSE DO YOU TEACH THIS STUDENT? _____

YOUR SCHOOL'S NAME _____ SCHOOL TELEPHONE _____

SCHOOL ADDRESS _____ CITY _____ STATE _____ ZIP _____

TO THE TEACHER OR SCHOOL DIRECTOR: WE APPRECIATE YOUR COOPERATION IN COMPLETING THIS FORM. PLEASE BE CANDID ABOUT THIS STUDENT'S ACADEMIC ABILITY AND MOTIVATION. ALL INFORMATION RECEIVED FROM YOU IS CONFIDENTIAL. WE UNDERSTAND THE DIFFICULTY IN EVALUATING A STUDENT AND ARE FULLY AWARE THAT CHILDREN ARE CONSTANTLY GROWING, CHANGING, AND DEVELOPING. THIS FORM IS ONE PIECE OF THE STUDENT'S PROFILE AND WILL BE USED IN OUR ASSESSMENT OF HIM/HER. IF THE STUDENT IS DENIED ADMISSION, THE RECOMMENDATION WILL BE DESTROYED. THANK YOU VERY MUCH FOR YOUR HELP.

WHAT ARE THE FIRST WORDS WHICH COME TO MIND IN ORDER TO DESCRIBE THIS CANDIDATE? _____

WHAT ARE THE STUDENT'S SPECIAL INTERESTS? _____

FOR THE FOLLOWING ITEMS, PLEASE CHECK ONE OR MORE RESPONSES WHICH PERTAIN TO THE STUDENT:

CHARACTER AND PERSONALITY TRAITS

COMMENTS

CONDUCT	OUTSTANDING IN EVERY RESPECT	USUALLY GOOD BEHAVIOR	OCCASIONAL MISCONDUCT	FREQUENT DISRUPTION	
EMOTIONAL MATURITY / STABILITY	VERY MATURE	AVERAGE	SOMEWHAT IMMATURE	VERY IMMATURE	
SOCIAL RELATIONSHIP WITH PEERS / CONSIDERATION FOR OTHERS	HEALTHY RELATIONSHIP	HAS OCCASIONAL, MINOR PROBLEMS		RELATES POORLY	
LEADERSHIP	MUCH	SOME		LITTLE	
SELF CONFIDENCE	HEALTHY SELF-IMAGE	NEEDS SOME SUPPORT		NEEDS MUCH REASSURANCE	
INTEGRITY	VERY TRUSTWORTHY	USUALLY TRUSTWORTHY		NOT TRUSTWORTHY	
SENSE OF HUMOR	HIGHLY DEVELOPED	APPROPRIATE		POORLY DEVELOPED	
SENSE OF RESPONSIBILITY	VERY RESPONSIBLE	USUALLY RESPONSIBLE		SOMETIMES RESPONSIBLE	
INTERACTION WITH TEACHERS/ADULTS	IS COMFORTABLE	IS DEPENDENT		AVOIDS CONTACT	

ACADEMIC TRAITS	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
ACADEMIC POTENTIAL					
ACADEMIC ACHIEVEMENT					
SELF-MOTIVATION					
STUDY HABITS: ORGANIZATION OF TIME AND MATERIALS					
INTELLECTUAL CURIOSITY					
ATTENTION SPAN					
COMMITMENT TO HOMEWORK					
ABILITY TO FOLLOW DIRECTIONS					
ABILITY TO WORK INDEPENDENTLY					
ABILITY TO WORK IN A GROUP					
ABILITY TO EXPRESS IDEAS ORALLY					
ABILITY TO EXPRESS IDEAS IN WRITING					
ATTENDANCE					

- DOES THE STUDENT HAVE ANY OUTSTANDING ABILITIES OR DEFICIENCIES NOT COVERED BY THE ABOVE CATEGORIES? YES NO DON'T KNOW
- ARE YOU AWARE OF ANY INDEPENDENT EVALUATIONS FOR PHYSICAL, EMOTIONAL, OR ACADEMIC REASON REGARDING THIS STUDENT?
 YES NO DON'T KNOW

- HAVE YOU OBSERVED ANY SIGNS OF LEARNING DISABILITIES? YES NO DON'T KNOW

- DOES THE STUDENT RECEIVE ANY SPECIAL ACCOMODATIONS? YES NO DON'T KNOW

- IF YES, PLEASE EXPLAIN: _____

PLEASE CIRCLE THE WORDS WHICH YOU FEEL DESCRIBE THIS APPLICANT:

AGGRESSIVE	CONFIDENT	FOLLOWER	IRRITABLE	OVER-PROTECTED	SELF-CENTERED
ANXIOUS	CONSCIENTIOUS	HAPPY	MANIPULATIVE	PASSIVE-RESISTANT	SELF-DISCIPLINED
ARTICULATE	DISOBEDIENT	HELPFUL	MOTIVATED	PERFECTIONIST	SHY
CHEERFUL	EASILY DISCOURAGED	HONEST	NEGATIVE LEADER	POSITIVE LEADER	SOCIAL
INFLUENTIAL	ORGANIZED	RESPONSIBLE	WELL-LIKED		

WE WOULD APPRECIATE ADDITIONAL COMMENTS AND OBSERVATIONS CONCERNING THE STRENGTHS AND WEAKNESSES OF THIS STUDENT. WE WELCOME ANY OTHER INFORMATION WHICH YOU THINK WOULD BE HELPFUL. YOU MAY USE A SEPARATE SHEET OF PAPER FOR FURTHER COMMENTS IN ANY CATEGORY.

PARENT INVOLVEMENT: MUCH USUALLY RARELY NOT INVOLVED DON'T KNOW

PARENT COOPERATION: VERY COOPERATIVE USUALLY COOPERATIVE NOT COOPERATIVE DON'T KNOW

SIGNATURE

PRINT NAME

DATE

PLEASE RETURN THIS FORM DIRECTLY TO:

St. John's Parish Day School
9130 Frederick Road
Ellicott City, MD 21042

We cannot accept faxed recommendations