



TEACHER EVALUATION FORM

Student Name

Current Grade

The above named student has applied for admission to our school. We would appreciate your completing this form and returning it to our Admissions Office as soon as possible. Your comments will be included as part of our consideration of this student's application. *All information is confidential.* Thank you for your time and assistance.

1. For which grade level(s) were you the teacher of this student? _____

2. Please give your assessment of this student's strengths and weaknesses in the following areas (*feel free to use another sheet if necessary*):

Peer relationships:

Motivation for learning:

Class participation:

Focus and creativity:

3. Is there anything you would like to highlight that would help our teachers better understand this student and help his/her development?

4. Does the parent's view of this child match the school's view of this child?

Signature of Teacher

Subject(s) Taught (*if applicable*)

Teacher's Name

Date