

CONFIDENTIAL TEACHER EVALUATION

Applicant's Full Name: \_\_\_\_\_  
Last First M.I.

Current School: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

Instructions for Parent/Guardian: Please fill out the information listed above and sign below before giving this form to your child's current teacher. I understand and agree that the information contained on this form will be used only in the selection of candidates for admission to St. Thomas Episcopal School and will not become part of the applicant's permanent file. I also understand that the completed form will not be made available to me or to anyone outside St. Thomas Episcopal School Admission's Committee. I waive my right of access and that of my child to this teacher evaluation form.

X \_\_\_\_\_  
Parent/Guardian Signature

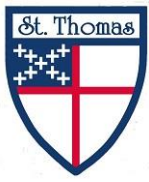
To the Current Teacher: The student above is applying for admission to St. Thomas Episcopal School. As part of the admission process, please assess the student as compared with their peers. Your knowledge of the student's personality and characteristics will be of great help to us in evaluating this application, particularly with respect to features that may not be apparent from grades and test scores. The information will be held in strict confidence and used for admissions purposes only. Thank you for your time and assistance.

ATTENDANCE RECORD

Number of Absences, year to date	
Number of Tardies, year to date	

ACADEMIC EVALUATION

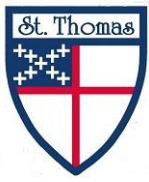
	Below Expectations 1	2	3	4	Exceptional 5
<b>Knowledge of Basic Skills:</b>					
Reading					
Spelling					
Writing					
Math					
Science					
Social Studies					



	<b>Below Expectations 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Exceptional 5</b>
Oral Communication					
Reasoning/Problem Solving					
Self-Driven/Intellectual Curiosity					
Ability to Grasp New Concepts					
Response to Feedback/Redirection					
Academic Achievement					
Future Academic Potential					

**PERSONAL ATTRIBUTES**

	<b>Below Expectations 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Exceptional 5</b>
Effort/Determination/Perseverance					
Attention Span					
Organization/Responsibility					
Ability to Work Independently					
Ability to Work in Groups					
Relationship with Peers					
Creativity					
Developmental Maturity					
Citizenship/Conduct					
Fine Motor Skills					



Please circle the words that best describes this applicant:

- |            |                    |              |               |                  |
|------------|--------------------|--------------|---------------|------------------|
| Anxious    | Cooperative        | Kind         | Manipulative  | Positive Leader  |
| Articulate | Shy                | Honest       | Perfectionist | Follower         |
| Assertive  | Social             | Distractible | Motivated     | Self-Centered    |
| Cheerful   | Disobedient        | Independent  | Respectful    | Self-Disciplined |
| Confident  | Easily Discouraged | Insightful   | Irritable     | Conscientious    |

1. How long have you known this student? \_\_\_\_\_

2. Please describe the student's social and/or emotional development as compared with others of the same age:

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3. Please describe the student's behavior in the classroom:

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4. Please describe the student's strengths and areas that need improvement:

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5. Parental expectations, support and attitude toward student and school:

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PLEASE PRINT THE FOLLOWING:

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Name

Position

Date

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School

Address

Telephone

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City

State

Zip Code