

# Teacher Evaluation Form for Applicants to **Grades 6–8**



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 school.

Applicant’s Name \_\_\_\_\_ Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Person(s) Completing this Form \_\_\_\_\_

Subject \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_

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? \_\_\_\_\_

## PERSONAL QUALITIES

	AREA OF STRENGTH	←.....→	AREA OF CONCERN			
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peer Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sense of Humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaction to Constructive Feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-Confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Taking Responsibility for Own Actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement in Activities Beyond Classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parental Attitude and Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**ACADEMIC QUALITIES**

AREA OF STRENGTH <-----> AREA OF CONCERN

COMMENTS

Study Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creative Problem-Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical and Abstract Thinking Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Cooperatively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Organize & Communicate Ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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Please comment on your observations relative to this applicant’s learning style:

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We would appreciate any additional information which you think would help our school make an informed decision:

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Thank you for your time and candor. May we contact you if we need clarification?     YES     NO

Best phone number \_\_\_\_\_  WORK     CELL     HOME

E-mail \_\_\_\_\_  WORK     CELL     HOME

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**