

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

Recognizing that completing this form is not part of your official duties, our school greatly appreciates your help in 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"/>
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"/>
Taking Responsibility for Own Actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMENTS

ACADEMIC QUALITIES

	AREA OF STRENGTH	←-----→			AREA OF CONCERN
Study Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrinsic Motivation to Learn	<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"/>

COMMENTS

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

Please comment upon the applicant's academic and personal areas of growth:

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

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 comment:

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

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 HOME

Signature _____ Date _____

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

Please return a physical copy to **ECS, Attention: Admissions**
or e-mail completed form to admissions@eastsidecommunityschool.org