



**This form must be emailed
directly from the teacher to
msenesac@materchristischool.net**

CLASSROOM TEACHER EVALUATION

For students entering grades two through eight

TO BE COMPLETED BY PARENT/GUARDIAN: I hereby give permission for school records (transcripts, grades, test scores, and teacher recommendations) to be released to the school of inquiry.

Name of student _____ Applying for grade _____

Name of School _____

Parent's/Guardian's Signature _____

TO BE COMPLETED BY THE CLASSROOM TEACHER:

We appreciate

your cooperation and candor in completing this form. It provides one way of getting to know the student and is reviewed with the

full awareness that students are constantly changing and developing. Please note that we place particular value on your observations of academic ability, motivation, classroom behavior, and your descriptive comments in each area. **This evaluation will be kept in strict confidence, will be reviewed only by the admission committee and will not become part of the student's permanent record.** Your insights will be used solely to help inform a thoughtful admission decision which will result in the best placement for each applicant.

Section I: APPLICANT INFORMATION

Current grade _____ I have known this candidate for ___ years ___ months. Number of students in class _____

What are the first three words that come to mind to describe this candidate _____

Please indicate number of days: Tardy _____ Dismissed early _____ Absent _____

Section II: CHARACTER AND PERSONALITY TRAITS *(Please circle best descriptor)* Comments

Demonstrates sense of integrity and responsibility	consistently	usually	occasionally	seldom	
Respect and concern for others	consistently	usually	occasionally	seldom	
Social relationship with peers	very mature	average	somewhat immature	relates poorly	
Leadership ability	excellent	good	average	Area of concern	
Emotional stability (relative to age)	very mature	average	somewhat immature	very immature	
Response to advice or criticism	appreciative	thoughtful	defensive	non-responsive	
Self-confidence	healthy	needs some support	seems overly confident	Area of concern	
Sense of humor	highly developed	age appropriate	developing	poorly developed	
Self-control	excellent	usually good	occasionally disruptive	frequently disruptive	
Interaction with teacher/adults	healthy/comfortable	is uneasy	is dependent	avoids contact	

Section III: ACADEMIC ASSESSMENT *(Please √ best descriptor)*

	Outstanding	Above average	Average	Below average	No basis for judgment	Comments
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Self-motivation/initiative						
Creativity						
Willingness to take intellectual risks						
Prepared for class						
Commitment to homework						
Participation in class						
Quality of class notes						
Ability to express ideas orally						
Ability to express ideas in writing						
Ability to work independently						
Ability to work in small groups						
Respect accorded by faculty						
Respect accorded by peers						
Overall evaluation as a student						

Section IV: PARENT AND FAMILY INFORMATION

Has/have the parent/s of this student been:	Consistently	Usually	Occasionally	Seldom	Comments
Supportive of the student's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the student compatible with the school's understanding of the student					

Section V: Closing

Please comment on this student's ability to meet the expectations of your school. Have you adjusted your program to accommodate the needs or abilities of this student?

In comparison with other students, how would you recommend this applicant for admission:

	Enthusiastically	Strongly	With reservation	Not recommended
Academically				
Personally				
Overall recommendation				

Your name (print) _____ Signature _____ Date _____

School _____ Address _____

School Telephone _____ E-mail _____

Please feel free to include any additional information such as commendations, accomplishments, or outside support/enrichment that will offer a more complete picture of this applicant. You may use the space provided on this form or attach additional sheets. If you would prefer to discuss this applicant by phone, please let us know a convenient time to call.

Daytime _____ Evening _____ Best time to call _____

**Thank you for your candor and your insights.
Please return this form to the school to which the student is applying.**

Additional Comments