

Mathematics Teacher Evaluation

Deadline: January 21, 2011

Part E2

5th through 12th Grade Applicants Only

Applicant's Full Name: _____

Applicant's Current School: _____ Current Grade: _____

Applicant Family:

Please submit this form to your current teacher, allowing time for completion and return by January 21, 2011.

I waive my right of access and that of my child to this teacher evaluation form. _____

Parent's Signature

Current Teacher:

The student above is applying for admission to one or more schools. As part of the admission process, please assess the student as compared with his or her peers. We appreciate your time and effort in completing this evaluation. Be assured that all of the information you provide will be held in strict confidence.

Please keep the original and send copy(ies) to the school(s) to which the student is applying. Please mail this form directly to the admission office at Parish Episcopal School, 4101 Sigma Road, Dallas, TX 75244.

	Below Expectations 1	2	3	4	Exceptional 5	No Basis
Personal Characteristics						
Peer relations						
Assumption of responsibility						
Citizenship/conduct						
Management of conflict/criticism						
Emotional maturity						
School Performance						
Facts/Computation Skills						
Understanding Concepts						
Problem Solving						
Prediction of success at next grade level						
Academic promise						
Academic achievement						
Motivation						
Would you recommend this child for an honors course?	YES	NO				
Has outside help been recommended?	YES	NO				
Has outside help been given?	YES	NO				
Study Habits						
Ability to work independently						
Ability to work with others						
Pattern of completing work on time						
Attention span						
Organization/care of materials						
Work ethic						
Health and Attendance Records						
General health						
Attendance						
Tardiness						

Please select from one of the following recommendations:

- Highly recommend
- Recommend
- Recommend with reservations because _____
- Do not recommend because _____

(over)

Mathematics Teacher Evaluation *continued*

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Please comment on the following. *Attach a separate sheet, if necessary.*

1. Applicant's qualities of mind (keenness, originality, imagination, curiosity):

2. Applicant's social and/or emotional development as compared with others of the same chronological age:

3. Applicant's strengths:

4. Applicant's weaknesses:

5. Disabilities or special needs (including amount of teacher time required):

6. Parental expectations, support and attitude toward applicant and school:

7. Additional comments (please attach additional sheet if necessary):

This student has been enrolled in this school for _____ year(s). I have known him/her for _____ year(s).

Name of course and textbook used _____

Course student would take next year if in your school _____

Please PRINT the Following:

_____	_____	_____
<i>Name</i>	<i>Position</i>	<i>Date</i>
_____	_____	_____
<i>School</i>	<i>Address</i>	<i>Telephone</i>
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>E-Mail Address</i>		