

SACRED HEART SCHOOL

Confidential Teacher Evaluation Form Grades 1 - 8

	TO THE PARENT(S):		
Applicant's Name: Applying to Grade:	Annlicant's Name	Applying to Crade	

Instructions: As part of the admissions process at Sacred Heart School we must receive a candid assessment of the applicant. The student's application will not be processed without this completed form. Please email a copy of this form to your student's teacher and ask him/her to complete it and email it directly to Sacred Heart's Admissions Director Laura Leach at Ileach@sacredheart.org.

TO THE TEACHER:

Thank you for completing this form for your student applying to our school. It is an essential part of our admissions consideration and we greatly appreciate your time!

To maintain confidentiality and authenticity of this evaluation, please do not return the completed form to your student's parent, but email it directly to Sacred Heart's Admissions Director Laura Leach at lleach@sacredheart.org.

Based on your experience with this child, please check the most appropriate response.

ACADEMIC ABILITY	Comments
Performs as well as ability allows	
Does well but below capacity	
Performance well below capacity	
Academic Concerns	

CONTRIBUTION TO CLASS	Comments
Makes contributions in practically all subjects	
Frequently makes contributions	
Sometimes makes contributions	
Does not often make contributions	

Applicant Name	Applicant Nat	ne
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LEADERSHIP	Comments
Generally accepted as leader of group activity	
Can be leader—does not seek to lead group	
Seldom reveals ability to direct others	
Rarely attempts the role of leader	

PERSISTANCE	Comments
Works at task until finished, does not matter	
how difficult. Willing to ask for help.	
Usually persistent, sometimes needs	
encouragement	
Often becomes discouraged and disinterested	
Noted for not finishing work	

BEHAVIOR	Comments
Rarely requires reminders	
Sometimes acts up, but not a consistent problem	
Often disrupts class	
Frequent discipline issues	

Please rate this student from 1 (low) to 5 (high) in each of the categories listed. Circle the appropriate number.

CHARACTER	1	2	3	4	5	Comments
Integrity						
Concern for others						
Initiative						
Motivation						
Responsible						

WORK HABITS	1	2	3	4	5	Comments
Attention span						
Follows oral directions						
Does work neatly						
Creativity						
Self-Disciplined						

PEER RELATIONS	1	2	3	4	5	Comments
Cooperation						
Makes friends easily						
Willingness to play with						
others						
Sharing						
Self-control						

Applicant Name:				
	ng class, enrichment cla			rning disabilities program, services this student may
To your knowledge, are applicant?	the parent's perception	ons of the applicant com	patible with your scho	ools understanding of the
Please comment on the	degree and type of par	ent involvement:		
Thank you for taking th				
May we contact you if w	e need additional clarif	fication? Yes N	0	
Person Completing Fo	rm:			
Grade Level:	Subject:			
School:				
Mailing Address:				
City:		State:	Zip:	
Your phone number:		or Email:		