

St. Alcuin Montessori School – Confidential Teacher Evaluation

6144 Churchill Way – Dallas TX 75230 – Fax 972/239/3650

Applicant's Full Name: _____
Last First M.I.

Current Grade: _____ Applying to Grade: _____

St. Alcuin participates in the ISAS Common Form Program for Teacher Recommendations. St. Alcuin accepts the ISAS form, and this form is accepted by all other ISAS schools: Cistercian, Episcopal School of Dallas, Good Shepherd, Greenhill, Hockaday, Lakehill, Lamplighter, Parish Episcopal, St. Alcuin, St. John's, St. Marks, St. Philips, Ursuline, and Winston School.

To The Applicant Family:

Please submit this form to your current teacher, allowing time for completion and return by the deadline.

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

Parent/Guardian Signature

To The Current Teacher:

The student above is applying for admission to St. Alcuin. 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 mail a copy directly to the Office of Admission. *Thank you.*

	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						
Reading skills						
Writing skills						
Oral communication skills						
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 Record						
General health						
Attendance						
Tardiness						

Please select from one of the following recommendations:

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

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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).

Please PRINT the Following

Name	Title/Position	Date
School	Address	Telephone
City	State	Zip Code