



BRENWOOD  
ACADEMY

**TEACHER EVALUATION FORM – 1<sup>st</sup> – 5<sup>th</sup> Grade**

To Parent/Legal Guardian: Please deliver this to your child's school along with the transcript request form. Please include an addressed and stamped envelope to Brenwood Academy, where this evaluation will be sent. Your child's school is required to send these back to Brenwood Academy via mail.

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

Last

First

Middle

Birth date: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Beginning: \_\_\_\_\_

Applicant's Current School: \_\_\_\_\_

Address: \_\_\_\_\_

By submitting this evaluation form and signing below, you hereby release the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using the form and the substance of the information provided by the evaluator. *All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This evaluation will remain confidential and not become part of the student's permanent academic record.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Principal or Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

Length of time you have known this child: \_\_\_\_\_

<b>ACADEMIC SKILLS</b> (Please check the appropriate column)	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR/LIMITED</b>
Critical/Abstract Thinking Skills				
Intellectual Curiosity				
Organizational Skills				
Study Skills				
Motivation				
Determination				
Creativity				
Academic Potential				

<b>LANGUAGE SKILLS</b> (Please check the appropriate column)	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR/LIMITED</b>
Reading Comprehension				
Written Expression				
Grammar				
Verbal Expression				
Phonemic Awareness				
Vocabulary Level				
Spelling				

<b>MATH</b> (Please check the appropriate column)	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR/LIMITED</b>
Knowledge of basic skills				
Ability to grasp new concepts				
Analytical Ability				
Application of Skills				
Word Problems				
Math Fact Recall				

<b>WORK SKILLS</b> (Please circle those that best apply)				
Class Participation	Joins in readily	Contributes occasionally	Wants to dominate	Rarely contributes
Ability to work in a group	Consistently works well	Sometimes	Has difficulty	Has great difficulty
Ability to work independently	Consistently works well	Needs help occasionally	Needs help frequently	Constant help
Completes assignments on time	Consistently on time	Usually on time	Needs additional time	Has difficulty
Follows directions	Easily and accurately	Occasionally needs help	Needs much explanation	Rarely
Takes initiative	Always	Usually	Sometimes	Rarely
Attention span	Actively engaged	Attentive	Variable attention	Requires frequent redirection
Fine Motor Skills	Excellent	Good	Fair	Poor
Memory	Excellent	Good	Intermittent	Does not remember

<b>SOCIAL SKILLS</b> (Please circle those that best apply)				
Peer relations	Role model	Healthy relationships	Occasional problems	Relates poorly
Relationship with adults	Courteous	Usually positive	Occasional problems	Shows little respect
Concern for others	Very considerate	Considerate	Usually considerate	Rarely considerate
Attitude toward school	Excellent	Good	Fair	Poor

Areas in which the applicant has the greatest strength: \_\_\_\_\_

\_\_\_\_\_

Areas in which the applicant has the greatest needs: \_\_\_\_\_

\_\_\_\_\_

Greatest area of inconsistency: \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been a recipient of a special services program, i.e. gifted, learning concern, resource center, speech therapy, occupational therapy, etc? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Describe any difficulties (physical, learning, emotional, social, behavioral, or family situations) which may impact the applicant's progress: \_\_\_\_\_

\_\_\_\_\_

Previous educational/psychological tests administered to applicant? Please describe and enclose copies if possible: \_\_\_\_\_

\_\_\_\_\_

Does the student have an IEP? \_\_\_\_Yes \_\_\_\_ No Comments: \_\_\_\_\_

\_\_\_\_\_

Please describe parental support/involvement: \_\_\_\_\_

\_\_\_\_\_

<b>PERSONAL QUALITIES</b> (Please circle those that best apply)				
Integrity	Highly trustworthy	Trustworthy	Usually trustworthy	Questionable
Warmth of personality	Always friendly	Usually friendly	Occasionally friendly	Rarely friendly
Sense of humor	Highly developed	Good	Fair humor	Poorly developed
Spirit of cooperation	Always cooperates	Cooperates	Occasionally cooperates	Poor cooperation
Citizenship	Excellent	Good	Fair	Poor
Attitude toward school	Excellent	Good	Fair	Poor
Self control	Excellent	Good	Fair	Poor
Leadership potential	Leader	Can lead or follow	Leads on occasion	Rarely leads
Self-confident	Healthy self image	Needs some support	Seems over confident	Poor self image
Reaction to criticism	Excellent	Good	Fair	Poor
Responsible	Very responsible	Usually responsible	Sometimes responsible	Rarely responsible
Emotional maturity	Very mature	Age appropriate	Sometimes immature	Very immature

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_

**CONFIDENTIAL REPORT**