Triangle Day School Teacher Evaluation Form (Grades 2-8)

Name of Applicant:		Apr	olying for Grade: _		
This student is applying for admission to Triangle Day School. Please complete the evaluation form and return it directly to the address listed below. Your comments are greatly appreciated and will be held in the strictest confidence. Thank you for your assistance.					
Please check the box that best applies and add additional comments where appropriate: Academic Assessment Excellent Good Average Weak					
Motivation	Estections	3004	nverage	TT COIT	
Self-discipline					
Effort					
Math achievement					
Writing achievement					
Reading achievement					
Work Habits	Excellent	Good	Average	Weak	
Organization					
Time management					
Attention span					
Work completion					
Time on task					
Comments:					
Personal Development	Excellent	Good	Average	Weak	
Leadership					
Self-confidence					
Independence					
Sense of humor					

Comments:

Concern for others
Emotional maturity

Problem solving
Respect for teachers

Ability to work with others

Discuss the candidates' greatest academic or personal strengths.				
Where might the candidate need additional support?				
What type of school environment would most benefit this studen	t?			
Have you recommended that this student be evaluated for educat	ional or behavioral needs?			
If the student has been evaluated, please discuss the circumstances and results of the evaluation.				
Are the parents' perceptions of this student compatible with the school's understanding of the student?				
Describe the parents' relationship with your school.				
Additional comments and summary appraisal:				
Your name:	Position:			
School:	Telephone:			
Please check if you would like to discuss the candidate by phone.				
Signature:	Date:			