



## TEACHER EVALUATION FORM HORIZONS AT GREENS FARMS ACADEMY

**PARENT:** Please fill out and sign the top portion of this form and give to the applicant's teacher for completion. The teacher will be responsible for returning this form to Horizons at GFA.

Applicant Name \_\_\_\_\_

Current Grade \_\_\_\_\_ School \_\_\_\_\_

My child is an applicant to Horizons at Greens Farms Academy, an academic enrichment program for Bridgeport public school students. I authorize you to exchange information with Horizons at GFA concerning my child for admission purposes. I give permission for the release of my child's records including standardized tests (aptitude and achievement), current classroom grades or evaluations, teacher observations, and results of education, developmental and/or psychological evaluations. I understand that any information provided will be used in evaluating my child's application and that it will become the confidential property of Horizons at GFA.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

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**TEACHER:** Thank you for taking the time to complete this assessment. Horizons at GFA is a summer and school-year academic program designed to help Bridgeport public school students improve their reading, writing and math skills. All Horizons students also learn how to swim and participate in a variety of enrichment activities, including science, music, art and weekly field trips.

We provide instruction with a small student to staff ratio and can therefore accommodate most individual academic needs. We regret we are unable to serve students with learning disabilities or behavioral issues. The program serves children from low-income households. Students are selected for the program based on potential to benefit from the program, family commitment, and demonstrated behavior. We admit students at all academic performance levels.

Your evaluation of this applicant will be of great assistance to us. Please answer in a way that gives us as much information about the student as possible. If you have questions, please contact Monique Rutledge at [mrutledge@gfacademy.org](mailto:mrutledge@gfacademy.org) or 203-256-7579. You can also learn more about Horizons at GFA by visiting our website, [www.HorizonsatGFA.org](http://www.HorizonsatGFA.org).

***Horizons at GFA does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, gender or academic ability.***

## EVALUATION

Horizons at GFA admits students at all academic performance levels. We will use the information you provide to build a balanced class of with roughly equivalent proportions of students who perform below, at, and above grade level.

If you are evaluating a student in **grades K-8**, please complete sections I and III.

If you are evaluating applicant for **PreK**, please complete sections II and III.

**I. For Applicants in Grades K-8:** Please rate this K-8 applicant in the following areas.

	<i>Above Grade Level</i>			<i>Below Grade Level</i>	
	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Needs Improvement</b>	<b>Weak</b>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you believe this student has learning difficulties?**

☐Yes ☐No ☐Possible

If yes, please provide additional information below.

**Does this applicant receive ESL services?**

☐Yes ☐No

**Is this child being recommended for summer school?**

☐Yes ☐No ☐Possible

If yes, please provide additional information below.

**Do you believe this child is a candidate for retention?**

☐Yes ☐No ☐Possible

**II. For Applicants in PreK:** Please rate this PreK applicant in the following areas.

	Excellent	Above Average	Average	Needs Improvement	Weak
Overall kindergarten readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows very simple addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows letter names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows consonant sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes Patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please comment on this applicant's ability to successfully participate in and benefit from a full-day program with multiple transitions as one of eight students.**

**III. For All Applicants:** Please rate the applicant in the following categories.

	All of the time	Most of the time	A little of the time	None of the time
Works on tasks until finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps working on activities even if difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waits in line patiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sits still when supposed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waits for what he/she wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focuses on tasks until done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves problems with peers without becoming aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughtful of feelings of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperated with peers without prompting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves problems with peers on his/her own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In a few words, please characterize your interactions with the applicant's parent(s) or guardian(s):

Please provide the following information for this applicant if applicable.

**DRA** January Benchmark \_\_\_\_\_ Applicant Level \_\_\_\_\_

**SRBI Intervention Tier** (please circle) Tier I Tier II Tier III

Please provide any other information about this student that you think would allow us better serve his/her needs.

**THANK YOU VERY MUCH FOR YOUR ASSISTANCE!**

TEACHER NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**May we contact you?** In the event this student is admitted and enrolls in Horizons at GFA, it could be extremely helpful to Horizons teachers under certain circumstances during our summer program to obtain your insights on this student. Please indicate below if you are willing to do so.

☐ **I will be available to discuss this student**

I prefer to be contacted over the summer by:

☐ Email \_\_\_\_\_

☐ Phone \_\_\_\_\_

☐ **I will not be available to discuss this student**

**Please submit this form so it is received by February 15, 2017.**

**By mail:** Horizons at GFA Admissions    **By fax:** 203-256-7553    **By email:** [mrutledge@gfacademy.org](mailto:mrutledge@gfacademy.org)  
Attn: Monique Rutledge  
P.O. Box 998  
Greens Farms, CT 06838

If you have questions, please call Monique Rutledge, Horizons at GFA Program Manager, 203-256-7579.