

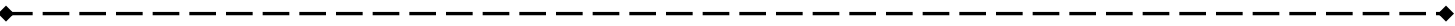
CONFIDENTIAL TEACHER EVALUATION

Please have the teacher or administrator complete and return this form directly to:

**Zion Lutheran School
Attn: Principal Jeff Thorman
6121 E. Lovers Lane
Dallas, Texas 75214**

Applicant's Name _____ Preferred Name: _____
(Last) (First) (Middle)

Date of Birth _____ Candidate for Grade _____ School Year _____



Please assess the above-named student as compared with peers at current school.

Academic Performance

Superior Good Average BelowAvg Poor

Language Arts	_____	_____	_____	_____	_____
Reading Skills	_____	_____	_____	_____	_____
Writing Skills	_____	_____	_____	_____	_____
Mathematics	_____	_____	_____	_____	_____
Facts/computation skills	_____	_____	_____	_____	_____
Concepts/problem solving skills	_____	_____	_____	_____	_____

Has outside help been recommended? YES NO

Has outside help been given? YES NO If yes, please comment by whom and on improvementst:

Comment:

Aesthetic Development – shows interest in:

Art	_____	_____	_____	_____	_____
Music – vocal	_____	_____	_____	_____	_____
-- instrumental	_____	_____	_____	_____	_____
Dramatic play	_____	_____	_____	_____	_____

Comment:

Physical Involvement

Participates in Team Sports? YES NO sports: _____

Comment:

<i>Study Habits</i>					
Effort	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____
Ability to work in groups	_____	_____	_____	_____	_____
Pattern of completing work on time	_____	_____	_____	_____	_____
Attention Span	_____	_____	_____	_____	_____
Organization/care of materials	_____	_____	_____	_____	_____
Work Ethic	_____	_____	_____	_____	_____

Comment:

Personal Characteristics

Superior Good Average BelowAvg Poor

Peer Relationships

Attitude toward faculty, staff, authorities

Assumption of responsibility

Citizenship

Conduct

Health

Attendance

Comment:

Please make a prediction of the applicant's success at next grade level at present school.

Is this applicant eligible to return to your school?

YES NO (If no, explain)

Please make a brief comment on each of the following:

1. Any disciplinary issues in which this student has been involved:

2. Applicant's social and/or emotional development as compared to that of other students of the same chronological age:

3. Applicant's greatest strengths:

4. Any limitations, disabilities, or special needs (including amount of teacher time required):

5. Parental expectations, support, and attitude toward child:

6. Parental expectations and support of school:

Support of school personnel by parents	<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain)
Follows school rules, regulations, policies	<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain)
Responsibility for financial commitments	<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain)

7. Special comments:

This student has been enrolled in this school for _____ years. I have known him/her for _____ years.

Signature of Evaluator: _____ Position: _____

School Name: _____ Date: _____

School Address: _____ Phone: _____