



Teacher Evaluation Form Elementary & Middle School

To The Applicant

Applicant's Name: _____ Applying to Grade: _____

Instructions: Please give this form to the appropriate teacher at your current school. Provide the teacher with stamped envelopes addressed to Anne and Nate Levine Academy. Make sure that the teacher knows the application deadline.

To The Teacher

Person Completing Form: _____ Subject: _____

Grade Level: _____ School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Instructions: Ann and Nate Levine Academy shares a commitment to a strong academic curriculum in a supportive atmosphere and has need-based financial aid programs. With this in mind, please complete the form below and send a copy of it to Ann and Nate Levine Academy. Recognizing that completing this form is not part of your official duties, our schools greatly appreciate your helping the applicant by supplying the information requested. Please note that the information you submit will be considered confidential, will not be shared with the student and family, and will not become part of the student's permanent school records.

How long have you known the applicant and in what capacity?

What are the first few words that come to mind to describe the applicant?

Name of Applicant:

Academic Qualities

In relation to other students you have taught at this grade level, how would you rate this student in terms of:

NO BASIS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	COMMENTS
<input type="checkbox"/> Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Academic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Creative Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Critical/Abstract Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ability to Work Cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ability to Organize & Communicate Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Information

Please comment upon the applicant's academic and personal strengths.

Please comment upon the applicant's academic and personal weaknesses.

Please comment on your observations relative to this applicant's learning style.

Please mention any additional information which you think might help our school make an informed decision.

Personal Qualities

In relation to other students you have taught at this grade level, how would you rate this student in terms of:

NO BASIS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	COMMENTS
<input type="checkbox"/> Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Reaction to Constructive Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Taking Responsibility for Own Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Involvement in Activities Beyond Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Parental Attitude and Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If the school needs clarification, may we contact you by phone? Yes No

Phone Number:

Signature:

Date:

Please keep a copy of this form for your records.

Send information to:

Ann and Nate Levine Academy
c/o The Admissions Office
18011 Hillcrest Road
Dallas, Texas 75252

Phone: 972.248.3032

Fax: 972.248.0695