



WICHITA
COLLEGIATE
SCHOOL

Please mail or fax directly from teacher to:
 Susie Steed, Director of Admission
 Wichita Collegiate School
 Post Office Box 782768
 Wichita, KS 67278-2768

Phone (316) 771-2203
 Fax: (316) 634-0598

CONFIDENTIAL TEACHER'S EVALUATION FORM

Applicant's name _____ Applying for grade _____
 Applying for school year beginning _____

Parent or Guardian: Please fill out the above information, and read and sign the following before giving this to your child's teacher.
 I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also understand that this completed form will not be available to candidates or parents, and I waive any right that I may have to see it.

 Signature of Parent or Guardian _____
 Date

Teacher: Please assess the above-named student as compared with peers at current school and return the form by mail or fax to WCS. This student has been enrolled in this school for ___ years. I have known him / her for ___ years.

 Signature of Teacher Position Date

 Name of School Street Address Telephone

 City State Zip Code

Academic Performance	Superior	Good	Average	Below Average	Poor
Language Arts					
Reading Skills					
Writing Skills					
Mathematics					
Facts / Computation Skills					
Concepts / Problem Solving					

Name, Level, and Publisher of Math Textbook Used by Student:

Has outside help been recommended? Been given? By Whom? Please elaborate.

(Please see other side.)

Study Habits	Superior	Good	Average	Below Average	Poor
Ability to work independently					
Completes work on time					
Organization / Care of materials					
Attendance					
Comments:					
Personal Characteristics	Superior	Good	Average	Below Average	Poor
Peer Relationships					
Attitude toward faculty / staff					
Assumption of responsibility					
Citizenship					
Conduct					
Comments:					

Please make brief comments on the following:

1. Please share with us this student's special talents and strengths:
2. Does the student have any special academic challenges or needs about which it would be helpful to know and address? Please explain:
3. Please characterize the parental expectations of their child and the school:
4. Has outside professional assessment or support been recommended? Been given?
Please elaborate:
5. Please include other pertinent information...

Note: If student is attending a non-public school, the following information must be supplied by the Financial Officer or the Head of the School:

This candidate has fulfilled all financial obligations to this school and is current on tuition payments.

Signature of School Head or Financial Officer

Name of School

Wichita Collegiate School greatly appreciates the time you have taken in completing this form. Your observations are crucial to our assessment process. Be assured that your responses will be held in complete confidence.