



## Teacher Evaluation: Grades 1-8

This form is to be completed by a current teacher in one of the major disciplines and returned directly to: Cindy Fenlon, Director of Admissions, St. John's Episcopal Parish Day School, 240 S. Plant Ave., Tampa, FL 33606 or fax to 813.250.0769.

**WAIVER: BY SIGNING BELOW, I AGREE TO WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION PROVIDED TO ST. JOHN'S EPISCOPAL PARISH DAY SCHOOL BY THE TEACHER/ADMINISTRATOR WHO COMPLETES THIS FORM.**

Name of Applicant: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

The parents of the above student have asked St. John's Episcopal Parish Day School to consider their son/daughter for admission. The Admissions Committee would be grateful if you would provide the information requested. Your assistance is essential in evaluating the applicant and in planning an academic program should this student be admitted. The Admissions Committee greatly appreciates your assistance in helping us become better acquainted with this student.

### STUDENT EVALUATION CHART: PLEASE CHECK APPROPRIATE BOXES

	No Basis for Judgment	Below Average	Average	Above Average	Excellent	Truly Outstanding
Written Expression						
Reading Ability						
Mathematical Ability						
Oral Expression						
Organizational Skills						
Energy and Initiative						
Sense of Responsibility						
Academic Potential						
Leadership						
Integrity						
Self-Confidence						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Relationship to Others						
Reaction to Criticism						
Respect Accorded by Classmates						
Respect Accorded by Faculty						
Conduct						
Attendance						

Signature of Teacher: \_\_\_\_\_ Number of courses taught: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Years you have known applicant: \_\_\_\_\_