



**CONFIDENTIAL TEACHER EVALUATION FORM  
For Students Entering Grades 2-5**

Name of Student \_\_\_\_\_

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

***To the Teacher:** Thank you for taking the time to complete this confidential form. We accept your recommendation with the knowledge that young children's abilities are changing and developing constantly. Your comments will not be shared outside of the Admissions Office. Please seal and mail this form to The Salisbury School, Admissions Office, 6279 Hobbs Road, Salisbury, MD 21804.*

I have known the student for \_\_\_\_\_ years / months.

My relationship to the student is: \_\_\_\_\_

What subject areas do you teach this student? \_\_\_\_\_

Please print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

School Name: \_\_\_\_\_

School Telephone: \_\_\_\_\_

What words come to mind when you think of this student?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What activities delight this child?

\_\_\_\_\_

What activities frustrate this child?

\_\_\_\_\_

**Character and personality traits – Please check appropriate responses.**

Conduct	outstanding	usually good	occasional misconduct	frequent disruption
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Comments:

Leadership	much	some	little
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Comments:

Emotional maturity	very mature	average	somewhat immature	relates poorly
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Comments:

Social relationships with peers	healthy relationships	has occasional problems	relates poorly
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Comments:

Self-confidence	healthy	needs some support	needs much reassurance
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Comments:

Integrity	very trustworthy	usually trustworthy	not trustworthy
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Comments:

Sense of humor	highly developed	appropriate	poorly developed
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Comments:

Sense of responsibility	very responsible	usually responsible	sometimes responsible
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Comments:

Interaction with Adults	is comfortable	is dependent	avoids contact
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Comments:

Academic Traits	Excellent	Good	Fair	Poor
Academic potential				
Academic achievement				
Self-motivation				
Effort/initiative				
Study habits/organization				
Intellectual curiosity				
Attention span				
Commitment to homework				
Ability to follow directions				
Ability to work independently				
Ability to work in a group				
Ability to express ideas orally				
Ability to write effectively				
Attendance				

- Does student have any outstanding abilities or disabilities not covered by above categories? \_\_\_Yes\* \_\_\_No
- Are you aware of any independent evaluations for physical, emotional or academic reasons regarding this student? \_\_\_Yes” \_\_\_No \_\_\_Don’t know
- Have you observed any signs of learning disabilities? \_\_\_Yes\* \_\_\_No
- Does student receive any special accommodations? \_\_\_Yes\* \_\_\_No

If yes, please explain:

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*We would appreciate comments and observations concerning this student. Please feel free to use a separate sheet.*

Parent involvement	much	usually	rarely	not involved	don't know
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Parent Cooperation	very cooperative	usually cooperative	Not cooperative
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Signature

Type or Print Name

Date

Thank you for your time and thoughtful consideration of this applicant.

This form is endorsed by all AIMS (Association of Independent Maryland Schools) schools. For a complete list of member schools, please visit: [www.aimsmd.org](http://www.aimsmd.org)