



Public Schools of the Tarrytowns

SLEEPY HOLLOW HIGH SCHOOL
210 NORTH BROADWAY
SLEEPY HOLLOW NY 10591

TEACHER EVALUATION

STUDENT: _____ GRADE: _____ TEACHER'S NAME: _____

COUNSELOR: _____ DATE: _____

RATINGS

Compared to other students in her or her class, I would rate this student in terms of academic skills and potential as follows:

No Basis		Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
	ACADEMIC ACHIEVEMENT							
	INTELLECTUAL PROMISE							
	QUALITY OF WRITING							
	CREATIVE, ORIGINAL THOUGHT							
	PRODUCTIVE CLASS DISCUSSION							
	RESPECT ACCORDED TO FACULTY							
	DISCIPLINED WORK HABITS							
	MATURITY							
	MOTIVATION							
	LEADERSHIP							
	INTEGRITY							
	REACTION TO SETBACKS							
	CONCERN FOR OTHERS							
	SELF-CONFIDENCE							
	INITIATIVE, INDEPENDENT							
	OVERALL							

EVALUATION:

How long have you know this student and in what context?

What are the first words that come to mind to describe this student?

In addition, please write whatever you think is important about this student, including a description of academic, extracurricular, and personal character. A recommendation including a broad-based assessment that will help differentiate this student from others is welcomed. (Please attach an additional sheet or another reference you may have prepared for this student). Please return this form and attach your letter of recommendation to the counselor named above.