



Parents: Please complete the top portion of this form and ask your child's teacher to complete the rest of the form and return it directly to The Howard School ASAP.
 We need this form before we can accept your child into the program.

Teachers: Please email **completed form** to victoria.bondurant@howardschool.org or fax to 404.377.0884

All Teacher Confidential Evaluations must come directly from your child's school.

For Parents Only:

Student Name: _____ Current Grade: _____

Current School: _____

I understand that all recommendations become the confidential property of The Howard School and are **NOT** subject to parental review.

For Teachers Only:

Name of teacher/tutor completing form: _____ Title: _____

Email: _____ Date: _____

| ACADEMICS | Significantly Below Grade Level | Slightly Below Grade Level | On Grade Level | Slightly Above Grade Level | Significantly Above Grade Level |
|--------------------------------|--|----------------------------|--------------------------|----------------------------|---------------------------------|
| Math - Quantitative Reasoning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Math - Number Sense | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading - Comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Note Taking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Memory/Long Term Retention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WORK SKILLS & SOCIAL SKILLS | PLEASE CIRCLE OR HIGHLIGHT YOUR RESPONSE BELOW | | | | |
| Follows Oral Directions | Never | Rarely | Inconsistently | Consistently | Always |
| Follows Written Directions | Never | Rarely | Inconsistently | Consistently | Always |
| Works Independently | Never | Rarely | Inconsistently | Consistently | Always |
| Works Well in a Group | Never | Rarely | Inconsistently | Consistently | Always |
| Displays Organizational Skills | Never | Rarely | Inconsistently | Consistently | Always |
| Completes Classwork on Time | Never | Rarely | Inconsistently | Consistently | Always |
| Uses Self Control | Never | Rarely | Inconsistently | Consistently | Always |
| Displays Persistence | Never | Rarely | Inconsistently | Consistently | Always |
| Uses Critical Thinking Skills | Never | Rarely | Inconsistently | Consistently | Always |
| Requires Redirection | Never | Rarely | Inconsistently | Consistently | Always |
| Displays Emotional Maturity | Never | Rarely | Inconsistently | Consistently | Always |
| Realtes Well w/ Peer Relations | Never | Rarely | Inconsistently | Consistently | Always |
| Displays Spirit of Cooperation | Never | Rarely | Inconsistently | Consistently | Always |

Please list the most important skills which need to be reinforced for this student:

Please include any additional information that you feel may be helpful to our teachers - use back of page if necessary:

Thank you for your time and evaluation of this applicant. We appreciate your feedback.