

Confidential Teacher Evaluation Form for Academic Ignition



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.