

Teacher Evaluation

 2^{nd} Grade through 4^{th} Grade Applicants Only

Applicant's Full Nar	ne:							
	First	Middle	Last	Preferred Name				
Applicant's Current	Curre	nt Grade:						
Applicant Family: Please submit this form to your current teacher, allowing time for completion and return. I waive my right of access and that of my child to this teacher evaluation form.								
			Parent	Signature				
Current Toochore								

The above student is applying for admission to Trinity School of Texas. As part of the admission process, please assess the student as compared with his or her peers. We appreciate your time and effort in completing this evaluation. Be assured all of the information you provide will be held in strict confidence. Please mail this form directly to the admission office at Trinity School of Texas, 215 N. Teague Street, Longview, Texas 75601.

	Below Expectations			_	Exceptional	No Basis
PERSONAL CHARACTERISTICS	1	2	3	4	5	
Peer Relations						
Assumption of Responsibility						
Citizenship/Conduct						
Management of Conflict						
Emotional Maturity						
SCHOOL PERFORMANCE	Below Expectations	2	3	4	Exceptional 5	No Basis
Language Arts						
Reading Skills						
Writing Skills						
Mathematical Concepts						
Oral Communication Skills						
Academic Potential						
Academic Achievement						
Motivation						
Would you recommend this child for an Honors course?	YES	NO				
Has outside help been recommended?	YES	NO				
Has outside help been given?	YES	NO				
HEALTH AND ATTENDANCE RECORDS	Below Expectations 1	2	3	4	Exceptional 5	No Basis
General Health						
Attendance						
Tardiness						
	Below Expectations		_	_	Exceptional	No Basis
STUDY HABITS	1	2	3	4	5	
Ability to Work Independently						
Ability to Work with Others						
Pattern of Completing Work on Time						
Attention Span						
Organization of Materials						
Work Ethic						

(over)

Pl	Please choose from the following recommendations:								
	☐ Highly Recommend								
	Recommend								
	Recommend with reservations because								
	Do not recommend because								
Ple	Please comment on the following: Attach a separate sheet, if necessary.								
1.	Applicant's qualities of mind (keenness, originality, image	gination, curiosity):							
2.	Applicant's social and/or emotional development as com-	pared to others of the same chron	nological age:						
3.	Applicant's strengths:								
	0								
4.	Applicant's weaknesses:								
5.	Disabilities or special needs (including amount of teacher	r time required):							
6.	Parental expectations, support, and attitude toward applications	eant and school:							
7.	Additional comments (please attach additional sheet if n	ecessary):							
Plo	lease PRINT the following:								
_									
Nai	me Pos	ition		Date					
Sch	hool								
Ada	dress City	y	State	Zip					
Em	nail Address		Telephone						