



# Teacher Evaluation

2<sup>nd</sup> Grade through 4<sup>th</sup> Grade Applicants Only

Applicant's Full Name: \_\_\_\_\_  
First Middle Last Preferred Name

Applicant's Current School: \_\_\_\_\_ Current 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 Teacher:

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 1	2	3	4	Exceptional 5	No Basis
<b>PERSONAL CHARACTERISTICS</b>						
Peer Relations						
Assumption of Responsibility						
Citizenship/Conduct						
Management of Conflict						
Emotional Maturity						
<b>SCHOOL PERFORMANCE</b>						
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				
<b>HEALTH AND ATTENDANCE RECORDS</b>						
General Health						
Attendance						
Tardiness						
<b>STUDY HABITS</b>						
Ability to Work Independently						
Ability to Work with Others						
Pattern of Completing Work on Time						
Attention Span						
Organization of Materials						
Work Ethic						

(over)

TRINITY SCHOOL OF TEXAS | 215 N. TEAGUE STREET | LONGVIEW, TX 75601

(903)753-0612 | FAX (903)753-4812 | www.trinityschooloftexas.com | email: admissions@trinityschooloftexas.com

