



Teacher Evaluation

Pre-K, Kindergarten, and 1st 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 |
|---|-------------------------|----|---|---|------------------|----------|
| SOCIAL/EMOTIONAL DEVELOPMENT | | | | | | |
| Attention span | | | | | | |
| Ability to follow directions | | | | | | |
| Ability to complete tasks | | | | | | |
| Ability to work in groups | | | | | | |
| Attitude towards teachers | | | | | | |
| Attitude of peers towards child | | | | | | |
| Accepts consequences of own behavior | | | | | | |
| Child's initial adjustment | | | | | | |
| Emotional maturity | | | | | | |
| Reaction to setbacks | | | | | | |
| Response to teacher direction | | | | | | |
| Leadership | | | | | | |
| Self-discipline | | | | | | |
| Qualities of mind (<i>keenness, imagination, curiosity</i>) | | | | | | |
| Parental expectations, support, attitude towards child | | | | | | |
| Parental expectations, support, attitude towards school | | | | | | |
| SCHOOL PERFORMANCE | | | | | | |
| | Below Expectations 1 | 2 | 3 | 4 | Exceptional 5 | No Basis |
| Language ability | | | | | | |
| Fluency in English | | | | | | |
| Vocabulary | | | | | | |
| Writing skills | | | | | | |
| Oral communication skills | | | | | | |
| Academic Potential | | | | | | |
| Mathematical concepts | | | | | | |
| Is English his/her primary language? | | | | | | |
| Would you recommend this child for an Honors course? | YES | NO | | | | |
| STUDY HABITS | | | | | | |
| | Below Expectations 1 | 2 | 3 | 4 | Exceptional 5 | No Basis |
| Ability to work independently | | | | | | |
| Ability to work with others | | | | | | |
| Pattern of completing work on time | | | | | | |
| Organization/care of materials | | | | | | |
| Prediction of success at next grade level | | | | | | |
| HEALTH AND ATTENDANCE RECORDS | | | | | | |
| | Below Expectations 1 | 2 | 3 | 4 | Exceptional 5 | No Basis |
| General Health | | | | | | |
| Attendance | | | | | | |
| Tardiness | | | | | | |

(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

TEACHER EVALUATION

Please comment on the following: *Attach a separate sheet, if necessary.*

1. Applicant's social and/or emotional development as compared with others of the same age:

2. Special needs to address may include:

3. Applicant's strengths and weaknesses:

4. Has outside help, enrichment, tutoring, or testing been recommended? YES NO (*If yes, please elaborate.*)

5. Please include other pertinent information (*attach additional sheet if necessary*):

This student has been enrolled in this school for _____ year(s). I have known him/her for _____ year(s).

| | | | |
|------------------------------------|----------|-----------|-----|
| Please PRINT the following: | | | |
| Name | Position | Date | |
| | | | |
| School | | | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Email Address | | Telephone | |