

# MATH TEACHER EVALUATION FORM Grades 5-12

## L A K E H I L L PREPARATORY SCHOOL

**To the Parent or Guardian:** Please write your child's name in the space below, read and sign the following consent statement, and give this form to your child's teacher.

Applicant's Name \_\_\_\_\_ Candidate for Grade \_\_\_\_\_

I waive my right of access and that of my son/daughter to this evaluation form. I ask that the teacher complete this evaluation and mail it directly to Lakehill Preparatory School.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Teacher:** Please assess the above named student as compared with peers at the current school.

	Top 10% of Class	Above Average	Average	Below Average	No Basis
<b>Personal Characteristics</b>					
Peer relations					
Assumption of responsibility					
Citizenship/conduct					
Management of conflict/criticism					
Emotional maturity					
<b>School Performance</b>					
Facts/computation skills					
Understanding concepts					
Problem solving					
Prediction of success in this course					
Academic achievement					
Motivation					
Would you recommend this child for an honors course?	Yes	No			
<b>Study Habits</b>					
Ability to work independently					
Ability to work with others					
Pattern of completing work on time					
Attention span					
Organization/care of materials					
Work ethic					
<b>Health and Attendance Record</b>					
General health					
Attendance					
Tardiness					

Has outside help been recommended?  Yes  No

Has outside help been given?  Yes  No

If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_

Please include additional comments to expand or qualify your appraisal of the applicant.

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Please indicate any areas in which the applicant may need special attention.

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How long have you known the applicant? \_\_\_\_\_

I recommend.     I do not recommend.     I recommend with reservations.

Please explain why you do/do not recommend this student for enrollment at Lakehill.

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Please give the course title and textbook currently being used.

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Teacher's Name \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*We appreciate the time and effort taken to complete the evaluation of this child.*

Please return by January 27, 2012 to:

Lakehill Preparatory School  
2720 Hillside Drive  
Dallas, Texas 75214  
(214) 826-2931  
Fax (214) 826-4623  
lakehillprep.org

*Lakehill Preparatory School does not discriminate on the basis of race, color, religion, gender, orientation, or national or ethnic origin in its admissions, administration of its educational policies, financial aid programs, athletics, or other school-administered programs.*