

TEACHER EVALUATION FORM Grades K-4

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
Personal Characteristics					
Assumption of responsibility					
Citizenship/conduct					
Management of conflict/criticism					
Emotional maturity					
Social/Emotional Development					
Ability to follow directions					
Ability to complete tasks					
Ability to work in groups					
Attitude toward teachers					
Attitude toward peers					
Attitude of peers toward child					
Accepts consequences of own behavior					
Reaction to setbacks					
Self-discipline					
School Performance					
Vocabulary					
Reading skills					
Writing skills					
Computation skills					
Concepts/problem-solving skills					
Oral communication skills					
Academic achievement					
Motivation					
Study Habits					
Ability to work independently					
Ability to work with others					
Pattern of completing work on time					
Attention span					
Organization/care of materials					
Work ethic					
Health and Attendance Record					
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.

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

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.

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

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