

ENGLISH 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 |
|--|---------------------|------------------|---------|------------------|----------|
| Personal Characteristics | | | | | |
| Peer relations | | | | | |
| Assumption of responsibility | | | | | |
| Citizenship/conduct | | | | | |
| Management of conflict/criticism | | | | | |
| Emotional maturity | | | | | |
| School Performance | | | | | |
| Reading skills | | | | | |
| Writing skills | | | | | |
| Oral communication skills | | | | | |
| Prediction of success in this course | | | | | |
| Academic achievement | | | | | |
| Motivation | | | | | |
| Would you recommend this child for an honors course? | Yes | No | | | |
| 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.

Please give the course title and textbook currently being used.

Teacher's Name _____ Phone _____

School _____

Position _____

Signature _____ Date _____

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

Please return this form by January 25, 2019 to Lakehill Preparatory School.

By email:

Email a scanned copy to admission@lakehillprep.org

By mail:

2720 Hillside Drive
Dallas, Texas 75214

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.

lakehillprep.org