



TEACHER EVALUATION

2nd - 12th Grade

Candidates Name: _____ Preferred Name: _____
Last First Middle

Date of Birth: _____ Candidate for Grade Level: _____ School Year: _____

TO THE PARENT(S)/GUARDIAN(S) Please read and sign the statement below. My child, listed above, has made application for admission to Holy Trinity Episcopal School. I waive my right of access and that of my child to this evaluation, and ask that this evaluation be mailed directly to Holy Trinity Episcopal School.

Parent or Guardian: _____
Signature Date

TO THE TEACHER Please assess the above-named student as compared with peers at the current school. This assessment will be kept confidential. On completion, please return the form directly to: Holy Trinity Episcopal School, 11810 Lockwood, Houston, TX 77044.

	Superior	Good	Average	Below Average	Poor
Academic Performance					
Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facts/Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts/Problem-Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend for honors courses?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has outside help been recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has outside help been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If provided, please comment on improvement.	_____				
Study Habits					
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Care of Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Characteristics					
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prediction of candidate's success at next					
Grade/Level at present school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment in each of the following areas.

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

2. Special needs that may need to be addressed _____

3. Greatest strengths _____

4. Parental expectations, support and attitude toward child _____

5. Other comments _____

Is this applicant eligible to return to your school? Yes No

The applicant has been enrolled in this school for _____ years. I have known the applicant for _____ years.

Teacher's Signature

Date

Teacher's Name (Please Print)

Position

School Name

Telephone

School Address

City

State

Zip