

Triangle Day School Teacher Evaluation Form (Grades 2-8)

Name of Applicant: _____

Applying for Grade: _____

This student is applying for admission to Triangle Day School. Please complete the evaluation form and return it directly to the address listed below. Your comments are greatly appreciated and will be held in the strictest confidence. Thank you for your assistance.

Triangle Day School • 4911 Neal Road • Durham, NC 27705

Please check the box that best applies and add additional comments where appropriate:

Academic Assessment	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Weak</i>
Motivation				
Self-discipline				
Effort				
Math achievement				
Writing achievement				
Reading achievement				

Comments:

Work Habits	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Weak</i>
Organization				
Time management				
Attention span				
Work completion				
Time on task				

Comments:

Personal Development	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Weak</i>
Leadership				
Self-confidence				
Independence				
Sense of humor				
Concern for others				
Emotional maturity				
Ability to work with others				
Problem solving				
Respect for teachers				

Comments:

Discuss the candidates' greatest academic or personal strengths.

Where might the candidate need additional support?

What type of school environment would most benefit this student?

Have you recommended that this student be evaluated for educational or behavioral needs? _____

If the student has been evaluated, please discuss the circumstances and results of the evaluation.

Are the parents' perceptions of this student compatible with the school's understanding of the student?

Describe the parents' relationship with your school.

Additional comments and summary appraisal:

Your name: _____

Position: _____

School: _____

Telephone: _____

Please check if you would like to discuss the candidate by phone: _____

Best time to call: _____

Signature: _____

Date: _____

Thank you for your comments.