

Applicant Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

TO THE PARENT/GUARDIAN

Please submit this form to your child's current teacher, allowing time for completion and return by the due date. I waive my right of access and that of my child to this teacher evaluation form:

X \_\_\_\_\_  
Signature of Parent

Academic Attributes	Top 10% of Class	Above Average	Average	Below Average	No Basis
Knowledge of Basic Skills					
Oral Communication					
Reasoning/Problem Solving					
Intellectual Curiosity					
Ability to Grasp New Concepts					
Response to Feedback/Redirection					
Academic Achievement					
Future Academic Potential					

Personal Attributes	Top 10% of Class	Above Average	Average	Below Average	No Basis
Effort/Determination/Perseverance					
Attention Span					
Organization/Responsibility					
Ability to Work Independently					
Ability to Work in Groups					
Relationships with Peers					
Creativity					
Developmental Maturity					
Citizenship/Conduct					
Fine Motor Skills					

Attendance Record	
Number of absences, year to date	
Number of tardies, year to date	

PLEASE SELECT ONE OF THE FOLLOWING RECOMMENDATIONS:

- Highly recommend
- Recommend
- Recommend with reservations because \_\_\_\_\_
- Do not recommend because: \_\_\_\_\_

1. Please check the words that best describe this applicant:

- |                                     |   |                                       |  |   |
|-------------------------------------|---|---------------------------------------|--|---|
| <input type="checkbox"/> Anxious    | <input type="checkbox"/> Cooperative        | <input type="checkbox"/> Kind         | <input type="checkbox"/> Manipulative    | <input type="checkbox"/> Positive Leader  |
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Shy                | <input type="checkbox"/> Honest       | <input type="checkbox"/> Perfectionist   | <input type="checkbox"/> Follower         |
| <input type="checkbox"/> Assertive  | <input type="checkbox"/> Social             | <input type="checkbox"/> Distractible | <input type="checkbox"/> Motivated       | <input type="checkbox"/> Self-Centered    |
| <input type="checkbox"/> Cheerful   | <input type="checkbox"/> Disobedient        | <input type="checkbox"/> Independent  | <input type="checkbox"/> Negative Leader | <input type="checkbox"/> Self-Disciplined |
| <input type="checkbox"/> Confident  | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Insightful   | <input type="checkbox"/> Irritable       | <input type="checkbox"/> Conscientious    |

2. Would you recommend this student for an honors course?  Yes  No

3. Please list applicant's strengths and/or weaknesses:

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4. Has outside help, enrichment, tutoring or testing been recommended?  Yes  No

If yes, please elaborate:

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5. Parental expectations, support, and attitude towards applicant and school:

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6. Additional Comments:

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Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_

Course Taught: \_\_\_\_\_ Number of Years Teaching Student: \_\_\_\_\_

Teacher Phone Number: \_\_\_\_\_ Teacher Email: \_\_\_\_\_

School Address: \_\_\_\_\_