

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					
Emotional Maturity					
Citizenship/Conduct					

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:

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

If yes, please elaborate:

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

6. Additional Comments:

Teacher Name: _____ School: _____

Course Taught: _____ Number of Years Teaching Student: _____

Teacher Phone Number: _____ Teacher Email: _____

School Address: _____