

ST. PAUL'S ACADEMY SCHOOL TEACHER'S EVALUATION FORM

TO THE APPLICANT:

Applicant's Name: _____ Applying to Grade: _____

Instructions: Please give this evaluation form to the appropriate teacher/s. Provide the teacher/s with a stamped envelope/s addressed to **ST. PAUL'S ACADEMY, 3000 NORTHWEST AVE. BELLINGHAM, WA 98225.**

PARENT RELEASE OF INFORMATION: I am requesting that _____ School release this information to St. Paul's Academy.

Parent Signature _____ Date _____

TO THE TEACHER:

Person Completing Form: _____ Subject: _____ Grade Level: _____

School: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Instructions: Many schools using this form are either accredited by or pursuing accreditation through the Pacific Northwest Association of Independent Schools (PNAIS). Each of us shares a commitment to a strong academic curriculum in a supportive atmosphere, and we all seek a student body representative of the diverse populations in the area. In addition, we all have need-based financial aid programs. With this in mind, please complete the form below and send a copy of it to the school to which the student is applying.

Recognizing that completing this form is not part of your official duties, our schools greatly appreciate your helping the applicant by supplying the information requested. *Please note that the information you submit will be considered **confidential**, will not be shared with the student and family, and will not become part of the student's permanent school records.*

How long have you known the applicant and in what capacity?

What are the first few words that come to mind to describe the applicant?

ACADEMIC QUALITIES

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

no basis		Out-standing	Above Average	Average	Below Average	Comments
	Study Habits					
	Academic Skills					
	Motivation					
	Intellectual Curiosity					
	Ability to Work Independently					
	Creative Problem-Solving					
	Critical and Abstract Thinking Skills					
	Ability to Work Cooperatively					
	Ability to Organize & Communicate Ideas					

OVER

Name of Applicant: _____

PERSONAL QUALITIES

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

no basis		Out-standing	Above Average	Average	Below Average	Comments
	Leadership					
	Peer Relationships					
	Sense of Humor					
	Creativity					
	Reaction to Constructive Feedback					
	Concern for Others					
	Self-Confidence					
	Integrity					
	Taking Responsibility for Own Actions					
	Involvement in Activities Beyond Classroom					
	Parental Attitude and Cooperation					

ADDITIONAL INFORMATION

Please comment on the applicant's academic and personal strengths.

Please comment on the applicant's academic and personal weaknesses.

Please comment on your observations relative to this applicant's learning style.

Please mention any additional information which you think might help our school make an informed decision.

If the school needs clarification, may we contact you by phone and/or email? Yes No Phone #: _____

Email: _____ Signature: _____ Date: _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS