

The Winston School - Math Teacher Evaluation

Applicant's Name _____
Last First Middle

Candidate for Grade _____ Present Grade _____

To The Parent: Please sign and submit this form to your child's Math teacher.

I waive my right of access and that of my child to this teacher evaluation form.

Parent/Guardian's Signature

To The Teachers: The student above is applying for admission to our school. As part of the admission process, please assess the student as compared with his/her peers. We appreciate your time and effort in completing this evaluation. Be assured that all of the information you provide will be held in strict confidence. Please keep the original and send copy(ies) to The Winston School, Office of Admission, 5707 Royal Lane, Dallas, TX 75229 or fax to 214-691-1509 Thank you.

	Below Expectations					Exceptional	No Basis
Personal characteristics (Circle one)							
Peer relations	1	2	3	4	5	_____	
Assumption of responsibility	1	2	3	4	5	_____	
Citizenship/conduct	1	2	3	4	5	_____	
Management of conflict/criticism	1	2	3	4	5	_____	
Emotional maturity	1	2	3	4	5	_____	
School Performance (Circle one)							
Reading Skills	1	2	3	4	5	_____	
Writing Skills	1	2	3	4	5	_____	
Oral communication skills	1	2	3	4	5	_____	
Motivation	1	2	3	4	5	_____	
Study Habits (Circle one)							
Ability to work independently	1	2	3	4	5	_____	
Ability to work with others	1	2	3	4	5	_____	
Pattern of completing work on time	1	2	3	4	5	_____	
Attention span	1	2	3	4	5	_____	
Organization/care of materials	1	2	3	4	5	_____	
Work ethic	1	2	3	4	5	_____	
Health and Attendance Record (Circle one)							
General Health	1	2	3	4	5	_____	
Attendance	1	2	3	4	5	_____	
Tardiness	1	2	3	4	5	_____	

Please select from one of the following Recommendations:

- Highly recommend
- Recommend
- Recommend with reservation because _____
- Do not recommend because _____

(Over)

Math Teacher Evaluation (Con't)

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Please comment briefly on the following:

Applicant's qualities of mind (keenness, originality, curiosity):

Applicant's social and/or emotional development as compared with others of the same chronological age:

Applicant's strengths:

Applicant's weaknesses:

Disabilities or special needs (including amount of teacher time required):

Parental expectations, support and attitude toward applicant and school:

Additional comments (please attach additional sheet if necessary):

This student has been enrolled in his/her current school for _____ year(s). I have known him/her for _____ year(s).

Please **print** the following:

_____	_____	_____
Name	Position	Date
_____	_____	_____
School	Address	Phone
_____	_____	_____
City	State	Zip

Mail directly to:

Director of Admission
The Winston School
5707 Royal Lane
Dallas, TX 75229 Fax: 214-691-1509