

TEACHER CONFIDENTIAL EVALUATION FORM

Parents: Please complete the top portion of this form and ask your child's teacher to complete the rest of the form. Evaluator may either mail, fax, or scan to The Roberts Academy at 863.680.3971, robertsacademy@flsouthern.edu

Applicant's name _____ Applying for grade _____

Current school _____

I understand that all recommendations become the confidential property of The Roberts Academy and are not subject to parental review.

Parent's signature _____ Date _____

Name of teacher completing form _____ Date _____

1. Please check your overall recommendation.

Recommend with enthusiasm Recommend with reservation Recommend Cannot recommend

2. Is there a gap between this student's performance and ability? Yes No

3. Are the parent's expectations for this student appropriate? Yes No

If no, please explain _____

4. Are there family dynamics that negatively impact this student's performance? Yes No

If yes, please explain _____

5. What are some phrases or adjectives that come to mind when you think of this student? _____

6. Please provide any additional information that you feel may be helpful to a teacher working with this applicant.

7. Please complete the table below.

Please rank skills listed below	Above Average	Average	Below Average
ACADEMICS			
Reading-decoding			
Reading-comprehension			
Spelling			
Written expression			
Math			
Oral expression of ideas			
Memory/long-term retention			
Intellectual curiosity			
Academic potential			
WORK SKILLS/SOCIAL SKILLS:			
Fine motor skills			
Gross motor skills			
Follows verbal directions			
Follows written directions			
Organizes materials			
Completes class work on time			
Is responsible for homework completion			
Uses time constructively			
Works effectively in a group			
Follows established rules and routines			
Shows self control			
Participates in a respectful and cooperative manner			
Demonstrates motivation and initiative			
Respects rights, opinions, feelings, and property of others			
Responds age-appropriately to peers and teachers			

Signature of Teacher

Date