

**St. Luke's Episcopal Day School
Teacher Evaluation
Grades 1 thru 5**

Applicant's Name _____ Date _____

Application for Grade _____ School Year _____

The student named above has applied for admission to St. Luke's Episcopal Day School. We would appreciate your assessment of this student at this time. Your candid, thoughtful assessment of this applicant will be very helpful. This information will be kept confidential, and will not become part of the student's permanent file. If you have any questions concerning the requested information, please contact the school. Thank you for your assistance.

Please check the appropriate response to the following:

Rate the student's personal and academic characteristics in the following areas:

	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Does Not Meet Expectations</i>
<i>Level of maturity</i>	_____	_____	_____
<i>Works independently</i>	_____	_____	_____
<i>Group/Peer interactions</i>	_____	_____	_____
<i>Honesty and integrity</i>	_____	_____	_____
<i>Organization skills</i>	_____	_____	_____
<i>Academic motivation</i>	_____	_____	_____
<i>Academic achievement</i>	_____	_____	_____
<i>Attention span</i>	_____	_____	_____
<i>Ability to follow directions</i>	_____	_____	_____
<i>Completion of tasks</i>	_____	_____	_____
<i>Listening skills</i>	_____	_____	_____
<i>Response to limits</i>	_____	_____	_____
<i>Ability to make transitions</i>	_____	_____	_____
<i>Communication skills</i>	_____	_____	_____

Please comment on the following:

1. Please describe any special or unusual characteristics that you feel are important in evaluating this child. This may be a strength, weakness, or concern that you see as relevant.

(please see other side)

2. Describe the parents' expectations of both the child and the school.

3. Please include any additional comments that you feel are important.

4. I recommend this student:

___ with enthusiasm

___ with reservations

___ with some confidence

___ I do not recommend

Name of person completing evaluation _____ Title _____

Relationship to student _____

Length of time acquainted with student _____

School _____

Address _____

Phone Number _____

Signature _____ Date _____

Thank you for your assistance in completing this evaluation. Please mail directly to St. Luke's Episcopal Day School in the envelope provided by the child's parent.

St. Luke's Episcopal Day School

Attention: Admissions

8833 Goodwood Blvd., Baton Rouge, Louisiana 70806

Phone: (225)927-8601 Fax: (225)928-254