

**St. Luke's Episcopal Day School  
Middle School  
Language Teacher Evaluation**

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Application for Grade \_\_\_\_\_ School Year \_\_\_\_\_

The student named above has applied for admission to St. Luke's Middle School. We would appreciate your assessment of this student. 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 student's personal and academic characteristics in each of the areas listed below. Use the following key: 5 – Exceptional

- 4 – High
- 3 – Good
- 2 – Marginal
- 1 - Poor

<u>Academic</u>	5	4	3	2	1
Academic ability					
Motivation					
Study habits					
Ability to organize					
Originality					
Leadership					
Use of academic potential					

<u>Personal</u>	5	4	3	2	1
Self -confidence					
Level of maturity					
Peer relationships					
Adult relationships					
Respect for others					
Standards of personal integrity					

Please give the following information concerning the student's current textbook:

Name of textbook \_\_\_\_\_

Publisher \_\_\_\_\_

Current reading level \_\_\_\_\_

What level would you recommend for this student next year? \_\_\_\_\_

How would you compare the student's performance to his/her ability? \_\_\_\_\_

\_\_\_\_\_

When you hear this child's name, what words do you immediately think of to describe this child?

\_\_\_\_\_

Please list any unusual and special characteristics or the strengths and weaknesses of this child.

\_\_\_\_\_

\_\_\_\_\_

To the best of your knowledge, has this child been recommended for outside help in your subject? \_\_\_\_\_ Has he/she received outside help? \_\_\_\_\_

Please include any additional comments that you feel are important.

I recommend this student:

\_\_\_\_\_ with enthusiasm  
\_\_\_\_\_ with reservations

\_\_\_\_\_ with some confidence  
\_\_\_\_\_ I do not recommend

Name of person completing evaluation \_\_\_\_\_ Title \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Length of time acquainted with student \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your assistance in completing this evaluation. Please fax this form or mail it 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

(225)927-8601 Fax (225)928-2542

**St. Luke's Episcopal Day School  
Middle School  
Math Teacher Evaluation**

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Application for Grade \_\_\_\_\_ School Year \_\_\_\_\_

The student named above has applied for admission to St. Luke's Middle 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 student's personal and academic characteristics in each of the areas listed below. Use the following key: 5 – Exceptional

- 4 – High
- 3 – Good
- 2 – Marginal
- 1 - Poor

<u>Academic</u>	5	4	3	2	1
Academic ability					
Motivation					
Study habits					
Ability to organize					
Originality					
Leadership					
Use of academic potential					

<u>Personal</u>	5	4	3	2	1
Self -confidence					
Level of maturity					
Peer relationships					
Adult relationships					
Respect for others					
Standards of personal integrity					

Please give the following information concerning the student's current textbook:

Name of textbook \_\_\_\_\_

Publisher \_\_\_\_\_

What main skills have been covered this year? \_\_\_\_\_

What level would you recommend for this student next year? \_\_\_\_\_

How would you compare the student's performance to his/her ability? \_\_\_\_\_

When you hear this child's name, what words do you immediately think of to describe this child?

Please list any unusual and special characteristics or the strengths and weaknesses of this child.

To the best of your knowledge, has this child been recommended for outside help in your subject? \_\_\_\_\_ Has he/she received outside help? \_\_\_\_\_

Please include any additional comments that you feel are important.

I recommend this student:

\_\_\_\_\_ with enthusiasm  
\_\_\_\_\_ with reservations

\_\_\_\_\_ with some confidence  
\_\_\_\_\_ I do not recommend

Name of person completing evaluation \_\_\_\_\_ Title \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Length of time acquainted with student \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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