



Confidential Math Teacher Evaluation

Grades Five – Eight

Good Shepherd Episcopal School participates in the I.S.A.S. Common Form Program for Teacher Recommendations. Good Shepherd accepts the I.S.A.S. Form, and this form is accepted by all other Dallas I.S.A.S. Schools: Dallas International School, Episcopal School of Dallas, Greenhill, Hockaday, Lakebill, Lamplighter, Parish Episcopal, Alcuin School, St. John's, St. Mark's, St. Phillip's and Winston.

Applicant's Full Name: _____
Last *First* *M.I.*

Current Grade: _____ Applying to Grade: _____

To the Applicant Family: Please submit this form to your current teacher, allowing time for completion and return by January 18, 2019. I waive my right of access and that of my child to this teacher evaluation form.

Parent/Guardian Signature

To the Current Teacher: The student above is applying for admission to Good Shepherd Episcopal School. As part of the admission process, please assess the student as compared with his or 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. Good Shepherd Episcopal School will accept copies of evaluations completed for any of the schools listed above. **Please keep the original** and send copies to the Office of Admission at Good Shepherd Episcopal School at the address listed below. *Thank you.*

ACADEMIC ATTRIBUTES	Top 10%	Above Average	Average	Below Average	No Basis
Knowledge of Basic Skills					
Oral Communication					
Reasoning/Problem Solving					
Intellectual Curiosity					
Ability to Grasp New Concepts					
Response to Feedback/Redirection					
Academic Achievement					
Future Academic Potential					
PERSONAL ATTRIBUTES	Top 10%	Above Average	Average	Below Average	No Basis
Effort/Determination/Perseverance					
Attention Span					
Organization/Responsibility					
Ability to Work Independently					
Ability to Work in Groups					
Relationships with Peers					
Creativity					
Emotional Maturity					
Citizenship/Conduct					
ATTENDANCE RECORD					
Number of Absences, year-to-date					
Number of Tardies, year-to-date					

Please select from one of the following recommendations:

- Highly recommended
 - Recommend
 - Recommend with reservations because
 - Do not recommend because
-
-
-

1. Please circle the words that best describe this applicant :

Anxious	Cooperative	Kind	Manipulative	Positive Leader
Articulate	Shy	Honest	Perfectionist	Follower
Assertive	Social	Distractible	Motivated	Self-Centered
Cheerful	Disobedient	Independent	Negative Leader	Self-Disciplined
Confident	Easily Discouraged	Insightful	Irritable	Conscientious

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

3. Please list applicant's strengths and/or weaknesses:

4. Has outside help, enrichment, tutoring or testing been recommended? > Yes > No If yes, please elaborate:

5. Parental expectations, support and attitude toward applicant and school:

6. Additional comments (please attach additional sheet if needed):

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

Please PRINT the following:

_____	_____	_____
Name	Position	Date
_____	_____	_____
School	Address	Telephone
_____	_____	_____
City	State	Zip Code

I.S.A.S. schools admit qualified students regardless of race, religion or national origin.

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