



Confidential Teacher Evaluation

First Grade

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, Lakehill, 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. X _____
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	Below Expectations 1	2	3	4	Exceptional 5	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	Below Expectations 1	2	3	4	Exceptional 5	No Basis
Effort/Determination/Perseverance						
Attention Span						
Organization/Responsibility						
Ability to Work Independently						
Ability to Work in Groups						
Relationships with Peers						
Creativity						
Developmental Maturity						
Citizenship/Conduct						
Fine Motor Skills						
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 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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