

Teacher Evaluation

MATH

Oak Hill Academy

9407 Midway Road

Dallas, Texas 75220

214-353-8804 (FAX) 214-353-8839

To the Parent:

Please have your child's current **MATH** teacher complete this form and return it directly to the Oak Hill Academy Admissions Office.

Applicant's Name _____ Current Grade _____

Dear Math Teacher,

Please assess the above named student as compared with his peers. Your observations are an important part of the application process, and the applicant's file will not be complete without the return of this form. The information you provide will remain confidential and not be shared with parents.

	Exceptional	Above Average	Average	Fair	Poor
FAMILY					
Supports Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL ATTRIBUTES					
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY SKILLS					
Effort / Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of Completing Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Care of Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC PERFORMANCE					
Operations / Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application / Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This student has been enrolled in this school for ____years. I have personally known this child for ____years.

Has outside help been recommended for this student? If yes, please state specifics:

Has this student received any accommodations? Yes_____ No_____ If yes, please state specifics:

This student has been sent to the office for disciplinary problems: Never Infrequently Often

Please comment on the following:

1. Applicants greatest strengths:
2. Limitations, disabilities or special needs:
3. Applicant's social and emotional development as compared with that of his/her peers:

Please write any additional helpful comments.

Has this student been offered placement for the next school year? Yes_____ No_____

If not, please explain:_____

TEACHER INFORMATION

Name (Print) LAST FIRST Signature

Position_____

Phone or Email_____

School_____ Date_____

Please return this form directly to Oak Hill Academy.