

This form is confidential and will be used solely for admissions and placement.
This does not become part of the student's permanent file.

APPLICANT: Please give the entire TEACHER EVALUATION form to your current teacher.
He/she will return it directly to Seattle Lutheran High School, 4100 SW Genesee, Seattle, WA 98116.

Student Name _____ School _____

TO BE COMPLETED BY THE TEACHER

This student is applying for admission to Seattle Lutheran High School. As the school considers this student for admission, it is helpful to know more about the student's academic, social, and personal growth to determine if there is an appropriate match between the program we offer and the students we serve.

We are grateful for your time and attention to this. Your comments will be held in strictest confidence.

Name of person completing this form _____

Position _____ Subject taught _____

School _____ Telephone _____

How long have you known the applicant? _____ In what capacity? _____

What are the first few words that come to mind to describe the applicant? _____

Please describe the student's academic strengths/weaknesses and work ethic. Indicate any unique talents, personal qualities or special accommodations needed in the classroom.

This student will be most successful in:

() an advanced program () a standard program () a program below grade level

Name of mathematics course completed by the end of this school year _____

Current mathematics text and publisher _____

Next course you recommend for this student? _____

Comments:

TEACHER EVALUATION CONTINUED

Rarely - All of the time

Comments

Demonstrates Integrity	1 2 3 4 5	
Treats Others With Respect	1 2 3 4 5	
Takes Initiative	1 2 3 4 5	
Works Independently	1 2 3 4 5	
Is Punctual	1 2 3 4 5	
Completes Work On Time	1 2 3 4 5	
Follows Directions	1 2 3 4 5	
Works Neatly	1 2 3 4 5	
Intellectually Creative	1 2 3 4 5	
Participates In Learning	1 2 3 4 5	
Manages Time Well	1 2 3 4 5	
Demonstrates Self Control	1 2 3 4 5	
Relates Well To Peers	1 2 3 4 5	
Demonstrates Leadership Skills	1 2 3 4 5	
Ability To Follow Others	1 2 3 4 5	
Works To Potential	1 2 3 4 5	
Contributes To Class	1 2 3 4 5	

I would like a telephone conference to provide further information Yes No

Email _____ Phone number to call _____

Signature _____ Date _____