
COLUMBIA INDEPENDENT SCHOOL
Teacher Evaluation
Form E
CONFIDENTIAL

Parent of the applicant:

The upper portion of this form is to be completed by the parent or guardian of the applicant. The entire form is then to be given to the applicant's current/most recent teacher.

Name of applicant: _____

Present grade: _____ School now attending/last attended: _____

Current/Most Recent Teacher: _____
NAME POSITION

SCHOOL ADDRESS CITY STATE ZIP PHONE NUMBER

I hereby give permission to the teacher I have listed above to complete this evaluation for Columbia Independent School on behalf of my son/daughter. I waive my right to access this evaluation.

PARENT'S/GUARDIAN'S SIGNATURE DATE

Current/Most Recent Teacher of the applicant:

The student above is applying for admission to Columbia Independent School. Because we believe the academic and personal credentials of each applicant are key components of the admissions process, we value the information you furnish.

For how long have you known this child? _____ In what capacity? _____

In approximately which quarter in the class does this student rank academically?

top				bottom

1	2	3	4	

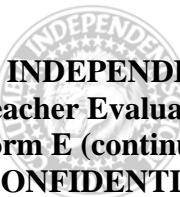
How many students are in the class? _____

Is this student in an ability grouping system? _____

If so, please describe: _____

What are the first words that come to mind when describing this student?

The items on the following pages ask for your sense of this student's relationships within the school community, emotional and social growth, and intellectual development. Your insight will help us to know this student. We understand the difficulty in evaluating a student, and we are aware that students are constantly growing, changing and developing.


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Please rate this student on the scale below as it relates to each category listed.

PERSONAL QUALITIES

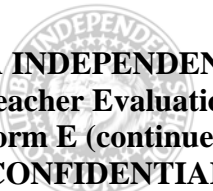
	Excellent	Good	Fair	Needs Improvement
1. Conduct				
2. Consideration for others				
3. Relationships with peers				
4. Relationship with adults				
5. Emotional maturity				
6. Self-confidence				
7. Sense of humor				
8. Honesty				
9. Sense of responsibility				

Please comment on personal development, including any areas needing improvement.

ACADEMIC QUALITIES

	Excellent	Good	Fair	Needs Improvement
1. Motivation to learn				
2. Intellectual curiosity				
3. Ability to work in a group				
4. Ability to work independently				
5. Organizational skills				
6. Class preparation				
7. Class participation				
8. Academic achievement				
9. Academic promise				

Please comment on academic development, including any areas needing improvement.


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1. What are this student's special interests or abilities?

2. We would appreciate comments and observations concerning the strengths, weakness, health, or special needs of this student. We welcome any information you would think would be helpful.

3. Please comment on the parents' or guardians' support of their son's/daughter's learning and their cooperation with the school:

4. We welcome any other information you believe would be helpful in the admissions process.

FINAL ASSESSMENT

	Recommended without Reservation	Strongly Recommended	Recommended	Recommended with Reservation	Not Recommended
Academic	5	4	3	2	1
Personal	5	4	3	2	1

Print Name _____ Daytime Phone Number: _____
 Signature _____ Date: _____

Please send the completed Teacher Evaluation directly to Columbia Independent School.
We also accept faxed Teacher Evaluations at 573-815-5971. If you have any questions, please call 573-815-5965.
Columbia Independent School
Attention: Director of Admissions
1200 E. Broadway
Columbia, MO 65215
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