



Confidential Teacher Evaluation Form Rising Kindergarten through 5th Grades

Parent/Legal Guardian: Please fill out this section and deliver this form to your child’s teacher. Include an addressed and stamped envelope to the school(s) where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Gateway Academy Admissions Office.

Applicant’s Name: _____

First Middle Last

Male Female Date of Birth: _____ Applying for Grade: _____

Applicant’s Current School: _____ Telephone: _____

Address of Current School: _____

City State Zip

To Parent/Legal Guardian: By submitting this evaluation form and in consideration of having this evaluation and your application considered by Gateway Academy, you hereby release its employees and representatives, the evaluator, and the evaluator’s employer from any and all claims and liability that may arise from the providing, obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and not become part of the student’s permanent academic record.

Signature of Parent or Legal Guardian Date

How long and in what capacity have you known this applicant? _____

Please give explanations to any of the following categories or questions in the “Comments” section located on the reverse side of this form:

English/Language Arts:	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression: Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression: Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Math:	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Skills:	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical/abstract thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination/effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Skills:				
Ability to work in a group	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Occasionally has trouble	<input type="checkbox"/> Usually has difficulty	<input type="checkbox"/> Has great difficulty
Ability to work independently	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs constant help
Attention span	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires frequent redirection
Class participation	<input type="checkbox"/> Joins in readily	<input type="checkbox"/> Contributes occasionally	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes
Completes assignments on time	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Needs additional time	<input type="checkbox"/> Has difficulty
Fine motor skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Follows directions	<input type="checkbox"/> Easily and accurately	<input type="checkbox"/> Usually	<input type="checkbox"/> Needs much explanation	<input type="checkbox"/> Rarely
Takes initiative	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely

Social Skills and Personal Qualities:				
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Citizenship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Concern for others	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Usually considerate	<input type="checkbox"/> Occasionally considerate	<input type="checkbox"/> Rarely considerate
Displays appropriate conduct	<input type="checkbox"/> Good conduct	<input type="checkbox"/> Usually good conduct	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Poor conduct
Emotional maturity	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature
Integrity	<input type="checkbox"/> Highly trustworthy	<input type="checkbox"/> Usually trustworthy	<input type="checkbox"/> Occasionally trustworthy	<input type="checkbox"/> Questionable
Leadership potential	<input type="checkbox"/> Leader	<input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Rarely leads
Peer relations	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Reaction to criticism/set backs	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Relationships with adults	<input type="checkbox"/> Courteous	<input type="checkbox"/> Usually positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Shows little respect
Responsibility	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
Self-confidence	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Seems over-confident	<input type="checkbox"/> Poor self-image
Self-control	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Spirit of cooperation	<input type="checkbox"/> Consistently cooperates	<input type="checkbox"/> Usually cooperates	<input type="checkbox"/> Occasionally cooperates	<input type="checkbox"/> Rarely cooperates
Warmth of personality	<input type="checkbox"/> Consistently friendly	<input type="checkbox"/> Usually friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly

Has the applicant ever been a recipient of a special services program? Yes No

If yes, please explain: _____

Do you have any reason to question the applicant's academic or personal integrity? Yes No

If yes, please explain: _____

Areas in which the applicant has the greatest strengths: _____

Areas in which the applicant has the greatest needs: _____

Describe the ways the applicant contributes to your school community: (character, leadership, citizenship) _____

Please describe parental support/involvement: _____

Additional comments: _____

Thank you for your time and evaluation of this applicant. May we contact you if we have questions?

Telephone _____

Evaluator's Signature (please sign and print)

Evaluator's Title

Date