

**Required for Applicants
to Grades One Through Six**



**CALVARY LUTHERAN SCHOOL
Classroom Teacher Evaluation**

Teacher Instructions:

Thank you for taking the time to complete this evaluation. All information will be considered strictly confidential. The insight you are able to provide helps us tremendously in the admission process – specific examples and anecdotes are especially useful.

Student Name _____

Current Student Grade Level _____ School Year _____

Current School _____

Academic Performance	Excellent	Good	Average	Below Average
Language Arts/English				
Reading Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics				
Facts / Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts / Problem-Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students likely success at next grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has outside help been recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has outside help been give?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If help has been given, please elaborate: _____				

Study Habits	Excellent	Good	Average	Below Average
Ability to work independently	<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"/>
Pattern of completing work on time	<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"/>

Personal Characteristics	Excellent	Good	Average	Below Average
Peer Relations	<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"/>
Health	<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"/>

Family	Excellent	Good	Average	Below Average
Supports child and his or her needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports school and teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment briefly on the following:

Child's social and emotional development as compared with that of others of the same chronological age:

Child's greatest strengths:

Child's limitations or special needs (including amount of teaching time required):

Parental expectations, support, and attitude toward child:

Special comments:

This child has been enrolled in this school for _____ year(s). I have known this child for _____ year(s).

Signature of Teacher _____ Position _____ Date _____

School _____ Address _____

City _____ State _____ Zip Code _____

Please mail this form directly to address below or fax it to 214-348-1424.

Calvary Lutheran School
Admissions
9807 Church Road
Dallas, Texas 75238