



ST. THOMAS AQUINAS
CATHOLIC SCHOOL



Applicant's Full Name _____ (Last, First and Middle):

Current Grade: _____

Applying To Grade: _____

**Confidential English Teacher Evaluation
Grades 6-8**

To The Applicant Family:

Please submit this form to your **English** teacher, allowing time for completion and return by the application deadline.

I waive my right of access and that of my child to this teacher evaluation form. X _____
Parent / Guardian Signature

To The Current Teacher:

The student above is applying for admission to St. Thomas Aquinas Catholic School. As part of the admissions process, please assess the student as compared with his or her peers. We appreciate your time and effort in completing this evaluation. Be assured that all of the information you provide will be held in strict confidence. Please keep a copy and mail the original directly to:

St. Thomas Aquinas, 3741 Abrams Rd., Dallas, Texas 75214, Attn: Admissions.

	Below Expectations 1	2	3	4	Exceptional 5	No Basis
Personal Characteristics						
Peer relations						
Relationship with adults						
Assumption of responsibility						
Self-control						
Citizenship/conduct						
Management of conflict/criticism						
Emotional maturity						
Is English his or her primary language?	Yes	No				
School Performance						
Reading skills						
Writing skills						
Oral communication skills						
Academic promise						
Academic achievement						
Motivation						
Would you recommend this child for an honors course?	Yes	No				
Has outside help been recommended?	Yes	No				
Has outside help been given?	Yes	No				
Study Habits						
Ability to work independently						
Ability to work with others						
Pattern of completing work on time						
Attention span						
Organization/care of materials						
Work ethic						
Health and Attendance Record						
General Health						
Attendance						
Tardiness						

Please select from one of the following recommendations:

Highly Recommend

Recommend

Recommend with reservations because:

Do not recommend because:

Please comment on the following (*attach a separate sheet, if necessary*):

1. Applicant's qualities of mind (*keenness, originality, imagination, curiosity*):

2. Applicant's social and/or emotional development as compared with others of the same chronological age:

3. Applicant's strengths:

4. Applicant's weaknesses:

5. Disabilities or special needs (*including amount of teacher time required*):

6. Parental expectations, support and attitude toward applicant and school:

7. Additional comments (*please attach additional sheet if necessary*):

This student has been enrolled in this school for _____ year(s). I have known him/her for _____ year(s).

Please PRINT the following:

_____	_____	_____
Name	Title/Position	Date
_____	_____	_____
School	Address	Phone
_____	_____	_____
City	State	Zip Code

Email Address		