



ST. THOMAS AQUINAS
CATHOLIC SCHOOL



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

Current Grade: _____ Applying To Grade: _____

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

To The Applicant Family:

Please submit this form to your **Mathematics** 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								
Facts / Computation skills								
Understanding concepts								
Problem solving								
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		