

3420 Clayton Road East Fort Worth, TX 76116 (817) 732-0252 | FAX (817) 732-6601

Confidential Teacher Evaluation for Upper Elementary & Middle School Enrollment Language Arts

Name of Applicant:						
First	Middle		Last			
Applying for: Upper Elementary (4-6 Middle School (7-8)	Grade: Grade:	Date of Birth:				
I waive my right of access to confidential infor	mation in my child	's admission fil	e.			
Printed Name of Parent/Guardian	Signature	Signature of Parent/Guardian				
The above named applicant has applied for admission to our scl responses, along with standardized test scores, and other acade completed, please mail or fax the completed form to the attention	emic records will help us t	o determine the pro	per placement for the child. Once			
Language Arts Performance Reading Level Ability to Express Written Ideas Ability to Express Verbal Ideas Logical Reasoning	Above Grade Leve	At Grade Level	Below Grade Level			
Comments						
Please assess the applicant in the following areas Academic Potential Initiative Independence Respect for students and teachers Attention Span Responds to Redirection Homework Completion Study Habits/Organization Integrity Responsibility Consideration of Others Classroom Conduct Work Ethic Enjoys Learning Self-Regulation	Above Average	Age Appropriate O O O O O O O O O O O O O O O O O O	Needs Development O O O O O O O O O O O O O O O O O O			
Comments						

Please identify the applicant's strengths a	nd weaknesses			
Additional Information				
Has the applicant's attendance/tardiness i	record been satisfa	actory?		
If the student handed in an assignment la	ate, it is because th	ne student: (circle one)		
Procrastinated Over-scheduled Do the parents support the child and the	Disorganized school?	-		
Is the parent's perception of the child con	nsistent with the so	chool's understanding of t	he child?	
Has outside help been recommended? Attitude of Parents (Circle): Coop Are there any other insights you would lik	erative Uniny	volved Overly Prote	de help been given? ctive Uncoopera ily to help us better evalua	tive
How long has the student been enrolled a	at the school?	How long have y	ou taught the student?	
My professional recommendation for this				
Recommend		I with Reservation	Do Not Recomme	nd
May we contact you for additional information and Number to Call:				
Teacher Name (s): Please print				
Subject (s) Taught:				
School Name:				
School Address:		City	State	ZIP Code
School Phone:		Date:	3.2.2	5505

Montessori School of Fort Worth Admissions Office 3420 Clayton Road East Fort Worth, TX 76116 (817) 732-0252 | FAX (817) 732-6601