

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

Confidential Teacher Evaluation for Upper Elementary & Middle School Enrollment Math

Name of Applicant:					
First	Middle	Last Date of Birth:			
Applying for: Upper Elementary (4-6) Middle School (7-8)	Grade: Grade:				
I waive my right of access to confidential information	tion in my child	's admission file	2.		
Printed Name of Parent/Guardian	Signature of Parent/Guardian				
The above named applicant has applied for admission to our school. responses, along with standardized test scores, and other academic completed, please mail or fax the completed form to the attention of	records will help us t	to determine the prop	per placement for the child. Once		
Math Performance Knowledge of Basic Skills Accuracy in Use of Basic Skills Problem-Solving Ability Reasoning Ability Understanding of underlying ideas/concepts Willingness to accept the challenges of more difficult problems	Proficient O O O O O O O	Making Progress	Needs Improvement		
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 Self Confidence Comments	Above Average O O O O O O O O O O O O O O O O O O	Age Appropriate	Needs Development		
Comments					

Please identify the applicant's strengths ar	nd weaknesses			
Additional Information				
Has the applicant's attendance/tardiness r	ecord been satisfactory?			
If the student handed in an assignment la	te, it is because the student:	(circle one)		
Procrastinated Over-scheduled Do the parents support the child and the s	_	or perfection		
Is the parent's perception of the child cons	sistent with the school's unde	rstanding of the	child?	
Has outside help been recommended? Attitude of Parents (Circle): Coope Are there any other insights you would like	erative Uninvolved	Overly Protect	•	tive
How long has the student been enrolled a	t the school? Hov	w long have you	taught the student?	
My professional recommendation for this a	applicant for admission:			
Recommend	Recommend with Reser	vation	Do Not Recomme	nd
May we contact you for additional informa Best Time and Number to Call:				
Teacher Name (s):				
Subject (s) Taught:				
School Name:				
School Address:	City		State	ZIP Code
School Phone:	,	Date:		

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