



3420 Clayton Road East
Fort Worth, TX 76116

(817) 732-0252 | FAX (817) 732-6601

Confidential Teacher Evaluation for Lower Elementary Enrollment

Name of Applicant: _____
First Middle Last

Applying for: Lower Elementary (1-3) Grade: _____ Date of Birth: _____

I waive my right of access to confidential information in my child's admission file.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

The above named applicant has applied for admission to our school. As the child's teacher, we appreciate your candid evaluation of the student. Your responses, along with standardized test scores, and other academic records will help us to determine the proper placement for the child. Once completed, please mail or fax the completed form to the attention of the Admissions Office at the address or fax number listed above.

Academic Performance	Above Grade Level	At Grade Level	Below Grade Level
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foreign Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

Please assess the applicant in the following areas	Above Average	Age Appropriate	Needs Development
Academic Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Express Written Ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Express Verbal Ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention Span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds to Redirection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homework Completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study Habits/Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consideration of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

Please identify the applicant's strengths and weaknesses _____

Additional Information

Has the applicant's attendance/tardiness record been satisfactory? _____

Do the parents support the child and the school? _____

Is the parent's perception of the child consistent with the school's understanding of the child? _____

Has outside help been recommended? ____ Yes ____ No

Has outside help been given? ____ Yes ____ No

Are there any other insights you would like to share about this candidate and/or family to help us better evaluate them?

How long has the student been enrolled at the school? ____ How long have you taught the student? ____

My professional recommendation for this applicant for admission:

____ Recommend ____ Recommend with Reservation ____ Do Not Recommend

May we contact you for additional information: ____ Yes ____ No

Best Time and Number to Call: _____

Teacher Name (s): _____
Please print

Subject (s) Taught: _____

School Name: _____

School Address: _____
Street 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