

Confidential Language Arts Teacher Evaluation (All Grades)

Directions for Teacher: Please complete this form, put it into an envelope, seal it, and sign your name over the flap. Give it to the parent, as it must be submitted together with the rest of the admissions materials. Alternatively the form can be faxed to 503.594.8801 or scanned and emailed to kbarton@parkacademy.org.

To current Language Arts teacher of (Student Name): _____

This student is an applicant for ____ (grade) at Park Academy for the 2018-19 school year. Your candid and timely assessment of this student will help the admission committee effectively evaluate this student's candidacy. The information you provide will be kept confidential and will not be shared with the applicant or the family. Please return this evaluation directly to Park Academy. What are the first three words that come to mind to describe this student?

1) _____ 2) _____ 3) _____

1 = Above Average 2 = Average 3 = Below Average

Academic Evaluation	1	2	3	Comments
Demonstrates print awareness				
Knows all letter names and sounds				
Can decode grade-appropriate words				
Can accurately read sight words				
Demonstrates decoding strategies				
Reads aloud with appropriate intonation and prosody				
Demonstrates comprehension of text				
Printing is legible and appropriate spaced				
Demonstrates knowledge of spelling patterns				
Writes age-appropriate sentences				
Can write a well-supported paragraph				
Demonstrates appropriate social skills				
Can take constructive feedback and apply it				
Can work independently				
Can work in a small group setting				
Can follow teacher directions				
Participates in class appropriately				
Reacts appropriately when learning is difficult				
Demonstrates perseverance				
Asks for help when needed				

1. Please elaborate on the student's academic strengths, challenges, learning styles, and special needs.

2. Please share any additional information you think would be helpful in evaluating this candidate for admission.

Teacher Name (please print) _____ Signature _____ Date _____

School Name _____ Address _____

City/State/Zip _____ School Phone _____

Confidential Math Teacher Evaluation (Grades 3-8)

Directions for Teacher: Please complete this form, put it into an envelope, seal it, and sign your name over the flap. Give it to the parent, as it must be submitted together with the rest of the admissions materials. Alternatively the form can be faxed to 503.594.8801 or scanned and emailed to kbarton@parkacademy.org.

To current Math teacher of (Student Name): _____

This student is an applicant for ____ (grade) at Park Academy for the 2019-2020 school year. Your candid and timely assessment of this student will help the admission committee effectively evaluate this student's candidacy. The information you provide will be kept confidential and will not be shared with the applicant or the family. Please return this evaluation directly to Park Academy.

What are the first three words that come to mind to describe this student?

1) _____ 2) _____ 3) _____

	1 = Above Average			2 = Average			3 = Below Average		
	1	2	3	1	2	3	1	2	3
Can compute basic math facts accurately									
Can compute basic math facts fluently									
Understands the concept of a number line									
Understands the concept of greater than and less than									
Understands place value and can represent a number in standard and expanded form									
Can borrow and carry in addition and subtraction									
Can use and problem-solve with decimals									
Understands the concept of fractions									
Can use and problem-solve with fractions									
Can use rounding and estimating with the four basic operations									
Can accurately compute area, perimeter and volume									
Demonstrates appropriate social skills									
Can take constructive feedback and apply it									
Can work independently									
Can work in small group setting									
Can follow teacher directions									
Participates in class appropriately									
Reacts appropriately when learning is difficult									
Demonstrates perseverance									
Asks for help when needed									

1. Please elaborate on the student's academic strengths, challenges, learning styles, and individual needs.

2. Please share any additional information you think would be helpful in evaluating this candidate for admission.

Teacher Name (please print) _____ Signature _____ Date _____

School Name _____ Address _____

City/State/Zip _____ School Phone _____