



Teacher's Evaluation Form

1st-8th Grade - Confidential

Parent Directions: This form is to be completed by the home room teacher or head administrator of the school this student is transferring from. It must be received by Grace Lutheran School in order for the student to be considered for enrollment. This form is not required of students without a previous school experience.

Applicant's Name _____ Date of Birth _____

Applying at Grace Lutheran School for Grade _____ School Year _____

An assessment of the above student as compared with peers at current school:

	Superior	Good	Average	Below Average	Poor
Social/Emotional Development					
Attention span	<input type="checkbox"/>				
Ability to follow directions	<input type="checkbox"/>				
Ability to work in a group	<input type="checkbox"/>				
Attitude toward teachers	<input type="checkbox"/>				
Attitude toward peers	<input type="checkbox"/>				
Emotional maturity	<input type="checkbox"/>				
Child's initial adjustment to class	<input type="checkbox"/>				
Child's current adjustment to class	<input type="checkbox"/>				
School Performance					
Language ability	<input type="checkbox"/>				
Fluency in English	<input type="checkbox"/>				
Vocabulary	<input type="checkbox"/>				
Conversational skills	<input type="checkbox"/>				
Clarity of speech	<input type="checkbox"/>				
Is English his/her primary language <input type="checkbox"/> yes <input type="checkbox"/> no					
Mathematical concepts	<input type="checkbox"/>				
Aesthetic development	<input type="checkbox"/>				
Art	<input type="checkbox"/>				
Music	<input type="checkbox"/>				
Dramatic play	<input type="checkbox"/>				
Physical Development					
Small motor coordination: (Cutting, drawing, block building, handling manipulative equipment)	<input type="checkbox"/>				
Large motor coordination: (Running, skipping, climbing, jumping, kicking/throwing a ball)	<input type="checkbox"/>				
Health	<input type="checkbox"/>				
Prediction of child's success	<input type="checkbox"/>				

Please comment on the back of this sheet.

Please make a short comment on the following:

1. Special needs (physical handicap or diagnosed disability): _____

2. Has outside professional assessment/support been recommended? yes no Been given? yes no
Please elaborate: _____

3. Attendance: _____

4. Parental expectation and/or attitude toward child: _____

5. Child's strengths: _____

6. Child's needs: _____

7. Other pertinent information: _____

8. Please indicate the most recent achievement test scores for the student:

Test name _____ Score type (percentile, stanine, raw score, rit score) _____
 Reading _____ Math _____ Language _____

9. (for 7th and 8th grade students only) Please indicate below your math placement recommendation for this student.
 _____ Pre-Algebra _____ Algebra _____ General Math

This student has been enrolled in the school for _____ years.

I have known him/her for _____ years.

Signature

Position

Date

Name of School

Street Address

Telephone

City

State

Zip Code

Thank you!

Please return by mail to: **Robert Raschke, Executive Director**
Grace Lutheran School
1350 Baldy Ave.
Pocatello, Idaho 83201
(208) 237-4142

or fax to: **(208) 237-0931**
Attn: Robert Raschke
(Not to be hand delivered)

Grace Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.