



TRIANGLE DAY SCHOOL

Confidential Teacher Evaluation Form (2nd to 8th Grades)

Student: _____ Applying for grade: _____

Please complete this form, checking the most appropriate box and adding detail and examples where helpful. Your comments will be held in strictest confidence.

I have known this candidate for ____ years ____ months. Number of children in class ____ Grade level(s) in class ____

Is child generally on time for school? Yes ____ No ____ Attendance pattern _____

My relationship with this candidate has been that of _____

What are the first words that come to mind to describe this candidate? _____

Social/Emotional Development

	<i>Please circle best descriptor</i>				<i>Comments</i>
Demonstrates sense of integrity and responsibility	Consistently	Usually	Occasionally	Seldom	
Consideration for others	Very considerate	Usually considerate	Inconsiderate	Unkind	
Social relationship with peers	Very mature	Average	Somewhat immature	Relates poorly	
Leadership ability	Excellent	Good	Average	Poor	
Emotional maturity	Very mature	Average	Somewhat immature	Very immature	
Self-confidence	Healthy self-image	Needs some support	Seems overly confident	Poor self-image	
Sense of humor	Highly developed	Age appropriate	Developing	Poorly developed	
Self-control	Excellent	Usually good	Occasionally disruptive	Frequently disruptive	
Interaction with teacher/adults	Respectful	Is uneasy	Is dependent	Disrespectful	

Academic Development

<i>Please check best descriptor</i>	<i>Consistently</i>	<i>Usually</i>	<i>Occasionally</i>	<i>Seldom</i>	<i>N/A</i>	<i>Comments</i>
Listens attentively						
Follows rules and procedures						
Contributes effectively to class discussions						
Works well independently						
Organizes self/materials						
Works well in small groups						
Demonstrates creativity						
Seeks help when needed						

Responds positively to suggestions/requests						
Completes homework on time						
Moves easily from one activity to another						

Parent and Family Information

<i>Has/have the parent(s) of this child been:</i>	<i>Consistently</i>	<i>Usually</i>	<i>Occasionally</i>	<i>Seldom</i>	<i>Comments</i>
Supportive of the child's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?					

Please comment on this child's ability to meet the expectations of your school. Have you adjusted your program to accommodate the needs or abilities of this child?

We encourage any other information which you think would be helpful. Please feel free to write in the space below and on an additional page if necessary.

Teacher's Name: _____ Position: _____

School: _____ Phone: _____

Would you like to discuss the candidate by phone? _____ Best day/time to call: _____

Signature: _____ Date: _____

Thank you for your insights.

Once completed, please:

Fax to: Triangle Day School, ATTN Deb Newlin at (919) 383-7157
OR

Email to: Deb Newlin at deb.newlin@triangledayschool.org
OR

Mail to: Deb Newlin
Triangle Day School
4911 Neal Rd
Durham, NC 27705