

CONFIDENTIAL TEACHER EVALUATION FORM

Please return this form to The Beddow Schools, 501 Bryan Point Road, Accokeek, Maryland 20607

NAME OF STUDENT _____

Current Grade _____

Name of person completing this form _____

Relationship to student _____

I have known this student _____ years _____ months _____

What course(s) do you teach this student? _____

Textbooks used for this course _____

Current School _____

School Phone _____ School FAX _____

School Address _____

City _____ State _____ Zip _____

To the teacher or school director: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing, and developing. This form is one piece of the student's profile and will be used in our assessment of him/her. Thank you very much for your help.

For the following items, please check one or more responses which pertain to the student.

CHARACTER AND PERSONALITY TRAITS

CONDUCT	<input type="checkbox"/> Outstanding in Every Respect	<input type="checkbox"/> Usually Good	<input type="checkbox"/> Occasional Misconduct	<input type="checkbox"/> Frequent Disruption
LEADERSHIP	<input type="checkbox"/> Much	<input type="checkbox"/> Some	<input type="checkbox"/> Little	
EMOTIONAL MATURITY/STABILITY	<input type="checkbox"/> Very Mature	<input type="checkbox"/> Average	<input type="checkbox"/> Somewhat Immature	<input type="checkbox"/> Very Immature
SOCIAL RELATIONSHIP WITH PEERS	<input type="checkbox"/> Healthy Cooperative	<input type="checkbox"/> Occasional Problems	<input type="checkbox"/> Relates Poorly	
SELF-CONFIDENCE	<input type="checkbox"/> Healthy Self-Image	<input type="checkbox"/> Needs Some Support	<input type="checkbox"/> Seems Overly Confident	<input type="checkbox"/> Needs Much Reassurance
INTEGRITY	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Usually Trustworthy	<input type="checkbox"/> Some Reservations	<input type="checkbox"/> Untrustworthy
INTERACTION WITH TEACHERS/ADULTS	<input type="checkbox"/> Is Comfortable	<input type="checkbox"/> Is Dependent	<input type="checkbox"/> Avoids Contact	
PARTICIPATION IN LIFE OF THE SCHOOL	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Contributor	<input type="checkbox"/> Minor Participation	