

Confidential Teacher Evaluation

I/We give permission for the evaluator to release the information on this form to Sophia Academy. We understand that as parents we will not have access to this information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature _____

Second Parent/Guardian Signature _____

Name of Student _____ has applied for grade _____

To the Evaluator: Please complete this form and return to Sophia Academy, 6300 N 7th Street, Philadelphia, PA 19126. Your comments will be held in strictest confidence.

How long have you known the candidate and in what connection?

Academic Qualities

Academic Ability

- ☐ Outstanding
- ☐ Good
- ☐ Average
- ☐ Below Average

Achievement

- ☐ Outstanding
- ☐ Good
- ☐ Average
- ☐ Below Average

Effort and Drive

- ☐ Outstanding
- ☐ Good
- ☐ Sporadic
- ☐ Occasional

Study Habits

- ☐ Well organized
- ☐ Organized
- ☐ Easily distracted
- ☐ Poor

Concentration

- ☐ Exceptional
- ☐ Usually good
- ☐ Occasionally distracted
- ☐ Easily distracted

Intellectual Curiosity

- ☐ Strong
- ☐ Varied, good
- ☐ Occasional spark
- ☐ Limited

Ability to work with others

- ☐ Works well
- ☐ Usually effective
- ☐ Sometimes unable to cope
- ☐ Difficulty in a group

Ability to work alone

- ☐ Works well always
- ☐ Needs occasional help
- ☐ Needs frequent help
- ☐ Requires supervision

Written Work

- ☐ Excellent ideas, mechanics
- ☐ Good ideas and mechanics
- ☐ Good ideas, mechanics fair
- ☐ Fair ideas, mechanics good
- ☐ Poor ideas and mechanics

Oral Work

- ☐ Excellent
- ☐ Good
- ☐ Only when called on
- ☐ Wants to dominate
- ☐ Rarely contributes

Uses Suggestions

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

Seeks Help

- ☐ Always
- ☐ Sometimes
- ☐ Never

Name of
Evaluator: _____

Signature _____