

Laurel School

TEACHER EVALUATION FORM

Legal Name: _____

Mailing Address: _____

Date of Birth: __/__/__ Gender: F Social Security: ____ __ __ Phone: () ____ - ____

School: Laurel School One Lyman Circle Shaker Heights, OH 44122

CEEB CODE: 361 305 Phone: (216) 464-1441 Fax: (216) 765- 7181

Applicant's Waiver of Right of Access to Confidential Statement:

____ I hereby voluntarily waive my right of access to any information contained in this recommendation and agree it will remain confidential

____ I do not waive my right of confidentiality

Signature: _____

Applying Early Decision/Action ____ Yes ____ No

Teacher's Name: _____

Position: _____ email: _____@laurelschool.com

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

How long have you known the student and in what capacity?

List the courses you have taught this student, noting year and course level.

Please fill out Ratings below and attach a letter of recommendation

	Below average	Good/Average	Excellent/ Very strong student	Outstanding, One of the top in the class	One of the top few in my career
Excited by learning					
Asks insightful questions					
Motivation level					
Intellectual Ability					
Contributes to class discussions					
Able to handle academic stress					
Potential for growth					
Disciplined work habits					
Written expression					

I recommend this student ____ **With reservation** ____ **Fairly strongly** ____ **Strongly**
 ____ **Enthusiastically**