

Teacher Evaluation for Hilldale School Applicant (Grades 1-8)



Name of Applicant: _____

Date of Birth: _____

Applying to Grade: _____

To the parent:

For the child named above, I give permission for you to release the information on this form to Hilldale School, and I understand that I will not be given access to this confidential information. In addition, I give my child's current staff permission to speak with the admissions staff at Hilldale School. All communications will remain confidential, and I will not have access to the content of the conversation or the information on this form. Please include a stamped envelope for the teacher.

Name of Parent/ Guardian (please print): _____

Date: _____

Parent Signature: _____

What is the child's primary language(s)? _____

Other languages spoken at home? _____

_____ at school?

To the teacher:

Please do not accept this form until it is signed by the parent and includes a stamped envelope addressed to Hilldale School. All information will be held in confidence. Please keep a copy of this file for your records and mail the original to Hilldale School. We appreciate the time it takes to complete this form. Thank you!

How long have you know this child? _____

Length of Academic School day? _____

How many days a week? _____

When did this child enter your program/school? _____

What three words come to mind when you think of this child?

Please check the level that is most accurate for this family on the day you are completing this form:

FAMILY	Not Observed	Rarely	Sometimes	Often	Consistently
Has Realistic Expectations of Child					
Communicates Openly with School					
Follows the Rules and Policies of School					
Cooperates with Teachers					
Follows through with Recommendations					
Participates in School Events					
Is Punctual with Drop Off/ Pick Up					

Please check the level that is most accurate for this child on the day you are completing this form:

ACADEMIC	Not Evident	Emerging	Age-Appropriate	Advanced	Exceptional
Overall Academic Ability					
Overall Academic Performance					
Participation in Discussions					
Ability to Express Ideas Orally					
Ability to Express Ideas in Writing					
Math Performance					
Fluency					
Reading Comprehension					
Intellectual Curiosity					
Imagination					

PERSONAL/ SOCIAL	Not evident	Emerging	Age-Appropriate	Advanced	Exceptional
Ability to Work in a Group					
Ability to Work Independently					
Acceptance of Limits					
Sense of Humor					
Follows Directions					
Prepared for Class					
Attention Span					
Productive Use of Class Time					
Seeks Help When Needed					
Ability to Follow Directions					
Handles Transitions Easily					
Respect for Teachers					
Reaction to Criticism					
Integrity/ Trustworthiness					
Ability to Persevere					
Ability to Accept Responsibility					
Demonstrates Self Control					
Consideration of Others					
Maturity					

What are the child's greatest strengths?

What are the child's greatest areas of challenge?

Has this child been diagnosed with special needs?

YES NO NOT SURE

Do you have any concerns about possible learning challenges? If so, what specifically?

Do you recommend this child for admission into an **accelerated, year-ahead** program?

STRONGLY YES, WITH RESERVATIONS NOT AT ALL

Your Name: _____

Relationship to Student: _____

Date: _____

Your Signature: _____

School Name: _____

Thank you so much for your time!

The Hilldale School

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