



St. Theresa
Catholic School

Teacher Evaluation Form

PARENTS, PLEASE SUBMIT THIS FORM TO YOUR CHILD'S CURRENT TEACHER WITH A STAMPED ENVELOPE ADDRESSED TO:

The Admissions Office
St. Theresa Catholic School
2701 Indian Mound Trail
Coral Gables, FL 33134

Student Name		
<input type="text"/>		
School Currently Attending	Current Grade	Length of time in this school
<input type="text"/>	<input type="text"/>	<input type="text"/>

To: Principal or Teacher

The above applicant has applied to St. Theresa School. The parents have given permission for your help in evaluation. Please be as candid as possible; the information is confidential. Please mail the requested information directly to St. Theresa School. We thank you for your assistance.

Please evaluate each category below, to your closest estimation

	Excellent	Good	Average	Poor
Academic achievement	_____	_____	_____	_____
Classroom conduct	_____	_____	_____	_____
Playground behavior	_____	_____	_____	_____
Application to Studies (Effort)	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Relationship with peers	_____	_____	_____	_____
Relationship with Teacher (s)	_____	_____	_____	_____
Parental support of school policies	_____	_____	_____	_____
Meets financial obligations (if applicable)	_____	_____	_____	_____

In what special academic programs has this applicant participated?

In what special sports or fine arts programs has this student participated?

Is this student eligible for re-enrollment in your school next year? Yes No If not, please explain:

Signed _____ Position _____ Date _____

Please do not hesitate to call the Principal or Vice-Principals should you feel more information on student should be given.