



Mail Completed Form To:
The Perkins School
9005 Roosevelt Way NE
Seattle, WA 98115

TEACHER EVALUATION FORM

for applicants to Elementary grade levels (1+)

Recognizing that completing this form is not part of your official duties, our schools greatly appreciate you helping the applicant by supplying the information requested. **Please note that the information you submit will be confidential, will not be shared with the student and family, and will not become part of the student's permanent school records.** In order to establish and honor confidentiality, please send this form directly to the schools requested.

APPLICANT'S NAME: _____ **APPLYING FOR GRADE:** _____

Person(s) completing this form: _____

School name: _____ Grade level(s) you taught applicant: _____

In what capacity did you teach the applicant? Homeroom teacher Subject specialist teacher: _____

Additional details, if needed _____

What are the first few words that come to mind to describe the applicant? _____

STUDENT SKILLS	Consistently	Usually	Sometimes	Rarely	Never	N/A
Exhibits empathy toward peers	<input type="checkbox"/>					
Cooperates in work and play	<input type="checkbox"/>					
Resolves differences appropriately	<input type="checkbox"/>					
Assumes a leadership role with peers	<input type="checkbox"/>					
Can follow the lead of peers	<input type="checkbox"/>					
Perseveres with difficult tasks	<input type="checkbox"/>					
Accepts responsibility for behavior	<input type="checkbox"/>					
Demonstrates self-control in class	<input type="checkbox"/>					
Demonstrates self-control on the playground	<input type="checkbox"/>					
Transitions appropriately between activities	<input type="checkbox"/>					
Displays age appropriate resilience	<input type="checkbox"/>					
Contributes to class discussions	<input type="checkbox"/>					
Works with independence and self-direction	<input type="checkbox"/>					
Listens to and follows directions	<input type="checkbox"/>					
Uses class time efficiently	<input type="checkbox"/>					
Sustains attention and focus	<input type="checkbox"/>					
Accepts criticism appropriately	<input type="checkbox"/>					
Open to new challenges	<input type="checkbox"/>					
Exhibits problem-solving ability	<input type="checkbox"/>					
Seeks help appropriately when needed	<input type="checkbox"/>					

ADDITIONAL INFORMATION

In group situations, what behaviors does the applicant typically display? *(check all that apply)*

- Tries to control Takes a leadership role Participates cooperatively Observes Seeks attention

Additional details, if needed _____

Please comment on the applicant's academic and personal strengths.

Please comment on the applicant's academic and personal challenges.

Do you have any specific concerns? (*check all that apply*)

- Fine motor Gross motor Social/emotional Behavioral Speech Reading Writing Math Other

Additional details, if needed _____

Are the parents/guardians supportive of the applicant's strengths and challenges? Have their expectations and perceptions of their student and your program been in alignment with yours and the school's?

Please mention any additional information which you think might help us make an informed decision.

Thank you for your time and candor! Please keep a copy of this form for your records.

Check here if you would like a telephone conference to provide further information.

If needed, may we contact you for further clarification? Yes No

Email address: _____

Phone number: (____) _____ - _____

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Signature(s)

Date