



Teacher Evaluation

Applicants for 2nd - 6th

PARENT INSTRUCTIONS

Please complete the top portion and give this form to your child's current teacher. Please include a stamped envelope addressed to Covenant Classical School at the address shown at the end of this form. The teacher must return the form to Covenant for your child's application to be complete.

Name of Applicant: _____ Applying for Grade: _____

My son/ daughter is applying for admission to Covenant Classical School. Please complete this form and mail it to Covenant Classical School at the address shown at the end of this form.

I authorize the release of my child's records and evaluative data to Covenant Classical School and hold you harmless for information provided.

Signature of Parent/ Guardian: _____ Date: _____

TO CURRENT TEACHER

Covenant Classical School appreciates an honest assessment of the above named student. All information will be kept confidential, will be disclosed only to the Admissions Committee of Covenant Classical School, and will not become a part of the applicant's permanent record.

Teacher: _____ Subject(s): _____ Grade: _____

School: _____

Teacher's Signature: _____ Date: _____

SOCIAL/EMOTIONAL	Excellent	Good	Average	Needs Improvement
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to obey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SCHOOL PERFORMANCE	Excellent	Good	Average	Needs Improvement
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following:

How would you describe this student?

Parental support and involvement:

Has outside help been recommended? ☐ Yes ☐ No Been given? ☐ Yes ☐ No

Please elaborate:

Applicant's social and emotional development compared with others:

Describe student's response to direction and/ or correction:

Please describe any special needs of the student:

Please describe the student's strengths and weaknesses:

Please include any additional comments:

Thank you for your time. Please mail completed form to:
Covenant Classical School, 1852 95th Street, Naperville, IL 60564