



SAINT THERESA CATHOLIC SCHOOL

2701 Indian Mound Trail
Coral Gables, Florida 33134
305.446-1738 — Fax 305.446.2877
www.stscg.org

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: _____

Current Grade _____

School Currently Attending: _____

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.

Length of time in this school: _____

Does student have a satisfactory attendance and punctuality record? Yes No

Please evaluate each category below, to your closest estimation:

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>
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? _____

If not, please explain: _____

Signed: _____ Position: _____

Date: _____