



Grades 1-6 Evaluation Form

Name of Child _____ Applying for Grade _____

Dear Teacher,

_____ parents/guardians have applied for his/her admission to Echo Horizon School. We appreciate your time and effort in filling out this form. The information you can provide is extremely helpful to us during our admissions process. Please be assured that all your comments will be kept confidential.

Thank you in advance for your assistance.

Abeni Bias, Director of Admission

How long have you known this student? _____

In what grade and what subjects did you teach this student? _____

Please respond with a check in the appropriate box or boxes.

	Consistently	Usually	Sometimes	With Guidance	Comments
Responsible					
Considerate					
Self-Controlled					
Motivated					
Curious					
Honest					
Independent					

Please comment on:

Areas of Strength _____

Areas of Weakness _____

Relationships with Peers _____

Parent Cooperation _____

Please add any other comments you think may be helpful to us:

Name _____

School _____ Telephone _____

Signature _____ Date _____