



The Canterbury Episcopal School

1708 N. Westmoreland Rd. DeSoto, Texas 75115
972-572-7200 Fax: 972-572-7400
www.TheCanterburySchool.org

TEACHERS, PLEASE SEND TO:
Director of Admissions
The Canterbury Episcopal School
1708 N. Westmoreland Rd.
DeSoto, TX 75115
Main Line: 972-572-7200
Fax Number: 972-572-7400

TEACHER EVALUATION

Applicant's Name _____
Last First Middle

Candidate for Grade _____ Present Grade _____

PARENTS / GUARDIANS:

Please SIGN AND SUBMIT this form to your child's teacher, allowing enough time for completion by the deadline.
I WAIVE MY RIGHT OF ACCESS AND THAT OF MY CHILD TO THIS TEACHER EVALUATION FORM.

Parent/Guardian Signature Date

TEACHERS:

Please assess the student above by COMPLETING THE EVALUATION AND ANSWERING THE QUESTIONS ON THE BACK. Be assured that the information you provide will be kept Confidential. We appreciate your time and effort in completing this evaluation.

PLEASE SUBMIT THIS FORM TO THE DIRECTOR OF ADMISSIONS AT THE CANTERBURY EPISCOPAL SCHOOL

PERSONAL CHARACTERISTICS	Below Expectations				Exceptional	No Basis
	1	2	3	4	5	
Peer Relations						
Assumption of responsibility						
Citizenship/Conduct						
Management of conflict/resolution						
Emotional Maturity						
Motivation						
Attitude toward faculty/staff						

ACADEMIC PERFORMANCE

Reading Skills						
Writing Skills						
Oral Communication Skills						
Problem-Solving Skills						
Facts/Computation Skills						
Academic Achievement						
Prediction of Academic Success						
Would you recommend for an honors class?	YES	NO				
Has outside help been recommended?	YES	NO				
Has outside help been given?	YES	NO				

STUDY HABITS

Ability to work independently						
Ability to work with others						
Pattern of completing work on time						
Attention Span						
Organization/Care of materials						
Work Ethic						

HEALTH & ATTENDANCE RECORD

General Health						
Attendance						
Tardiness						

PLEASE SELECT FROM ONE OF THE FOLLOWING RECOMMENDATIONS FOR ADMISSIONS TO THE CANTERBURY EPISCOPAL SCHOOL:

- Highly Recommended
- Recommend
- Recommend with reservation because _____
- Do not recommend because _____

PLEASE MAKE A SHORT COMMENT ON THE FOLLOWING:

1. Applicant's qualities of mind: (keenness, originality, imagination)

2. Applicant's social and emotional development as compared with that of others of the same chronological age:

3. Disabilities or special needs (Including amount of teacher time required):

4. Applicant's strengths:

5. Applicant's weaknesses:

6. Parental expectations, support, and attitude toward applicant and school:

7. Special comment:

This student has been enrolled in this school for _____ years. I have known him/her for _____ years.

PLEASE **PRINT** THE FOLLOWING:

_____	_____	_____	_____
<i>Name</i>	<i>Position</i>	<i>School</i>	<i>Date</i>
_____	_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone Number</i>
_____	_____	_____	_____
<i>Signature</i>		<i>Date</i>	