

CANDIDATE'S NAME _____
First Middle Last

MATH TEACHER EVALUATION
Middle School
Academic Year _____

To be completed by a current Math teacher.

Thank you for your time and reflection in completing this evaluation. Your observations are an important part of the candidate's application. **Please submit this evaluation directly to Akiba Academy per instructions below.** Please return within seven (7) days.

Current grade _____ Course Title _____

Text(s) used _____

Brief course description _____

ACADEMIC PERFORMANCE	Superior	Good	Average	Below Average	Poor
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facts/computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts/problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prediction of candidate's success at next grade/level at present school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this student for an honors course? _____

Has outside help been recommended? _____

Has outside help been given? _____

If so, by whom? _____

If help has been given, please comment on improvement noted: _____

STUDY HABITS	Superior	Good	Average	Below Average	Poor
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____



PERSONAL CHARACTERISTICS

	Superior	Good	Average	Below Average	Poor
Peer relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship/conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					

Please comment briefly on the following (attach additional sheet if necessary):

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

2. Applicant's social and/or emotional development as compared with his or her peers.

3. Greatest strengths:

4. Limitations, disabilities, or special needs (including amount of teacher time required):

5. Parental expectations, support, and attitude toward child:

6. Participation in school-related extra-curricular activities:

7. If you consider the candidate remarkably strong or notably weak in any of the areas above, please elaborate:

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

Signature _____ Date _____

Printed Name _____

Address _____

Telephone _____

May we contact you to follow-up on your comments? Yes No

Mail completed information to:

Akiba Academy of Dallas
Attn: Admissions
12324 Merit Drive
Dallas, TX 75251

Or Email to admissions@akibaacademy.org

Or Fax to 214-295-3405 Attn: Admissions



CANDIDATE'S NAME _____
First Middle Last

ENGLISH TEACHER EVALUATION
Middle School
Academic Year _____

To be completed by a current English teacher.

Thank you for your time and reflection in completing this evaluation. Your observations are an important part of the candidate's application. **Please submit this evaluation directly to Akiba Academy per instructions below.** Please return within seven (7) days.

Current grade _____ Course Title _____

Text(s) used _____

Brief course description _____

ACADEMIC PERFORMANCE

	Superior	Good	Average	Below Average	Poor
Language Arts/English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Prediction of candidate's success at next grade/level at present school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this student for an honors course? _____

Has outside help been recommended? _____

Has outside help been given? _____

If so, by whom? _____

If help has been given, please comment on improvement noted: _____

STUDY HABITS

	Superior	Good	Average	Below Average	Poor
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

PERSONAL CHARACTERISTICS	Superior	Good	Average	Below Average	Poor
Peer relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship/conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					

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

2. Applicant's social and/or emotional development as compared with his or her peers.

3. Greatest strengths:

4. Limitations, disabilities, or special needs (including amount of teacher time required):

5. Parental expectations, support, and attitude toward child:

6. Participation in school-related extra-curricular activities:

7. If you consider the candidate remarkably strong or notably weak in any of the areas above, please elaborate:

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

Signature _____ Date _____

Printed Name _____

Address _____

Telephone _____

May we contact you to follow-up on your comments? Yes No

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Attn: Admissions
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CANDIDATE'S NAME _____
First Middle Last

CONFIDENTIAL SCHOOL REPORT
Middle School
Academic Year _____

To be completed by the Principal, Head, Counselor or other authorized officer.

Thank you for your time and reflection in completing this evaluation. Your observations are an important part of the candidate's application. **Please submit this evaluation directly to Akiba Academy per instructions below.** Please return within seven (7) days.

Current Grade in school _____

Name of school _____

Address of school _____ Tel. No. _____

City _____ State _____ Zip Code _____

1. Please comment on the family's relationship with the school and their expectations.

2. Do you divide students according to ability? If so, please indicate in which level the candidate is placed in each subject area.

3. What distinguishes this candidate from his or her classmates?

4. If you have additional comments, please note them here.

A K I B A
academy of dallas



5. Please explain marking system if not the conventional A,B,C etc.

What is a Passing Grade? _____ What is an Honors Grade? _____

6. Number of students in candidate's entire grade _____

Estimated rank if exact rank not available _____

7. Has this student been dismissed, suspended or placed on probation from school, or incurred serious disciplinary action?

No Yes If yes, please explain on a separate piece of paper

8. If an attendance record is not a part of your school's transcript please indicate the number of days the candidate has been absent each year while at your school. _____

OVERALL EVALUATION	Outstanding	Excellent	Average	Below Average	No Basis for Judgment
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Printed Name _____

Title _____

School Telephone No. _____

May we contact you to follow-up on these questions? Yes No

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