

# TEACHER EVALUATION

## *Judaic Studies*

### Grades 2 to 8

\_\_\_\_\_ is a candidate for admission to Grade \_\_\_\_\_, at the Solomon Schechter Day School of Greater Monmouth County. Your assistance with the assessment of this applicant is appreciated. The ratings and remarks included on this form will be read by the Admissions Committee and are considered confidential. Please complete both sides of this form and return it to the address listed below. Thank you for your help.

NAME OF EVALUATING TEACHER (PLEASE PRINT) \_\_\_\_\_

SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

**What subject did you teach the applicant?** \_\_\_\_\_

**In what other capacity, if any, have you known the applicant?** \_\_\_\_\_

**In relation to other students in this child's age group, please rate the candidate in the following:**

	Excellent	Good	Average	Below Average	No Basis to Judge
Academic potential					
Academic achievement					
Study habits					
Initiative					
Curiosity					
Creativity					
Writing ability					
Oral expression					
Leadership					
Maturity					
Conduct/Discipline					
Personal integrity					
Self-image					
Concern for others					
Warmth of personality					
Reaction to criticism					
Attendance					
Relationship to Adults					

(Please continue on back)

**Please comment on the student's abilities in modern Hebrew:**

Oral comprehension: \_\_\_\_\_

Writing skills: \_\_\_\_\_

Speaking ability: \_\_\_\_\_

Text comprehension: \_\_\_\_\_

**What words or phrases immediately come to mind when describing the applicant?**

\_\_\_\_\_

**What are the applicant's strengths?**

\_\_\_\_\_

**What are the applicant's weaknesses?**

\_\_\_\_\_

Please feel free to write whatever you think is important about the applicant, including a description of academic and personal characteristics. We are particularly interested in the child's motivation, maturity, independence, originality, capacity for growth, special talents and enthusiasm. We welcome information that will help differentiate this student from others.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for completing this form.**

**Please return to:**

Solomon Schechter Day School of Greater Monmouth County

22 School Road East

P.O. Box 203

Marlboro, NJ 07746

ATTENTION: ADMISSIONS

Phone: 732-431-5525

Fax: 732-431-2562