



MARY McDOWELL
FRIENDS SCHOOL

20 BERGEN STREET BROOKLYN, NY 11201 718 625 3939 FAX 718 625 1456

UPPER SCHOOL MATH TEACHER EVALUATION

Applicant's Name _____

Current Grade _____

I hereby authorize _____ to comment regarding my child's strengths, achievements, and challenges in school. In addition, I understand that this assessment is confidential.

Parent/Guardian signature _____

Date _____

Teacher's name _____

School _____

Name

Address

City

State

Zip

How long have you known the applicant? _____

In what capacities? _____

Please list any in-school support services the student is presently receiving _____

	Excellent	Good	Satisfactory	Area of Concern
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility for actions and work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of daily homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of long term assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span to instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow written instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow oral instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty & integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UPPER SCHOOL MATH TEACHER EVALUATION
Continued

	Excellent	Good	Satisfactory	Area of Concern
Relationships with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social integration with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distractibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the title of your course?

If different levels are offered, your course would be described as
Honors/Accelerated Standard Slow Paced/Remedial

Based on classroom performance, the student is at the following grade level in Math

What course would you recommend for the student's Math placement next year?

What are the student's primary academic strengths in your course?

What are the student's primary academic challenges in your course?

Additional observations, including non-academic strengths and weaknesses

How familiar are you with Mary McDowell Friends School?

Completed by

Name Title Date

Email Telephone with preferred contact time

Please indicate the best means of contacting you should the admissions committee need clarification or additional comments

PLEASE RETURN THE COMPLETED FORM TO
Office of Admissions
Mary McDowell Friends School
20 Bergen Street, Brooklyn, NY 11201