CONFIDENTIAL TEACHER EVALUATION FORM

For Students Applying to GONZAGA COLLEGE HIGH SCHOOL Entering Grades 9-11

Must be received no later than January 10

Only for students who attend schools outside the Archdiocese of Washington. This form is **NOT** necessary for students in Catholic elementary schools in the Washington Archdiocese.

Name of Student: _____

Application to Grade _____

Name of Person completing this form _____

Relationship to child: ☐ Current teacher ☐ Former teacher

☐ School Head ☐ Other

I have known this student _____ years/months

_____
Your school's name

_____
Address

_____ _____
Telephone Fax

To the Teacher or School Director: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing and developing. This form is one piece of the student's profile and will be used in our assessment of him. Thank you very much for your help.

Please return this form directly to:

Gonzaga College High School
Office of Admissions
19 Eye Street, N.W.
Washington, D.C. 20001

What are the first words which come to mind to describe this student?

_____

What courses do you teach this student? _____

What are the student's special interests? _____

_____

_____

CHARACTER AND PERSONALITY TRAITS

For the following items, please check one or more responses which pertain to the student. You may check within the box either to the left or right to indicate gradations in your evaluation.

Comments

Conduct

outstanding	usually good	occasional	frequent
in every respect	behavior	misconduct	disruption

Leadership ability

excellent	good	average	poor

Emotional maturity/stability

very mature	average	somewhat	very immature
		immature	

Social relationships with peers

healthy cooperative	occasional	relates	
relationships	minor problems	poorly	

Self-confidence

healthy	needs some	seems overly	poor
self-image	support	confident	self-image

Integrity

trustworthy	usually	some	untrustworthy
	trustworthy	reservations	

Relationships with adults/teachers

is comfortable	is dependent	avoids contact	

Participation in life of the school

outstanding	contributor	fairly active	minor
			participation

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ACADEMIC TRAITS

	Excellent	Good	Fair	Poor
1. Academic potential				
2. Academic Achievement				
3. Self-motivation				
4. Effort/initiative				
5. Study habits/organization of time and work				
6. Intellectual curiosity				
7. Attention span				
8. Commitment to homework				
9. Ability to follow directions				
10. Ability to work independently				
11. Ability to work in a group				
12. Ability to express ideas orally				

Comments on academic trait rankings: _____

Reads for pleasure: ☐ Much ☐ Some ☐ Little

Personal overall qualities:

☐ Outstanding Person, strong in all respects
☐ Considerable appeal, generally quite strong
☐ Generally acceptable: no outstanding strengths or weaknesses
☐ Not very outgoing, immature
☐ Poor impression, very immature.

How would you compare this student to others whom you have observed in similar circumstances?

☐ One of the top few I have encountered in my career
☐ Outstanding
☐ Excellent
☐ Good (above average)
☐ Fair
☐ Below average
☐ Poor

Has the applicant been evaluated for any physical, emotional, or academic reasons?

☐ Yes* ☐ No ☐ Do not know

Is the student currently on medication or previously been on medication?

☐ Yes* ☐ No ☐ Do not know

Have you observed any signs of learning disabilities? ☐ Yes* ☐ No ☐ Do not know

*If yes, please explain: _____

We would appreciate additional comments and observations concerning this student. If necessary, use a separate sheet of paper for further comments in any category.

Are parents cooperative? ☐ Yes ☐ No Comments_____

_____ _____ _____

Signature Type or print name Date