

TEACHER EVALUATION FORM

ST. CLEMENT CATHOLIC ELEMENATRY SCHOOL
8155 RITTER
CENTER LINE, MI 48015

Teacher of 2009-2010 _____ Grade _____

The following parent/guardian has given permission for you to release this requested information regarding the child named below:

Signature of Parent/Guardian _____ Date _____

Name of Student _____

Present School _____

Address of School _____ City _____ State _____ Zip _____

This portion to be filled out by teacher.

The following information is needed to complete the admission procedure.

Please check most accurate rating: EXCELLENT GOOD FAIR POOR

Attitude toward school	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____
Behavior - Citizenship	_____	_____	_____	_____
Effort	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Ability to be on time	_____	_____	_____	_____
Reading	_____	_____	_____	_____
Math	_____	_____	_____	_____

Latest Standardized Testing Information:

Name of test administered _____ Date of testing _____

Test scores: Reading _____

Percentile Rank

Grade Equivalent

Math _____

Percentile Rank

Grade Equivalent

Signature and position of person filling out this form.

Signature

Position

Date

Please return this information to:

St. Clement Catholic Elementary School

8155 Ritter

Thank you for your help!

Center Line, MI 48015

586-757-7500

Or fax 586-757-4724