

CONFIDENTIAL TEACHER EVALUATION FORM

DUE DATE

Student is applying for grade

9 10 11 12

***This form is confidential and will be used solely for admissions and placement;
it includes common admissions questions developed by Catholic high schools in the Archdiocese of Seattle.
Only the transcript will become part of the student's permanent record.***

Please complete this page and give the entire form to the student's current teacher. He/she will return it directly to the schools you check below.

TO BE COMPLETED BY APPLICANT

Student Name

last

first

middle

preferred

Address

city

state

ZIP

Home Phone:

Sex: F M

Birthdate:

Current School:

Parents/Guardians:

Name

Phone (home)

Phone (work /cell)

E-mail

Name

Phone (home)

Phone (work /cell)

E-mail

I hereby give permission for my daughter's/son's transcript to be forwarded to the Catholic high schools indicated below.

Type name of Parent/Guardian completing form

Date

Please check appropriate boxes:

Archbishop Thomas J. Murphy High School

Director of Admissions

12911 39th Ave. SE, Everett, WA 98208-6159

(425) 379-6363 / (425) 385-2875 FAX

www.am-hs.org

Holy Names Academy

Vice Principal of Academics

728 21st Ave. E, Seattle, WA 98112-4058

(206) 323-4272 / (206) 323-5254 FAX

www.holynames-sea.org

Bishop Blanchet High School

Director of Admissions

8200 Wallingford Ave. N, Seattle, WA 98103-4599

(206) 527-7741 / (206) 527-7712 FAX

www.bishopblanchet.org

John F. Kennedy Catholic High School

Director of Admissions

140 S 140th St., Burien, WA 98148-3496

(206) 246-0500 / (206) 242-0831 FAX

www.kennedyhs.org

Eastside Catholic School

Director of Admissions

232 228th Ave. SE, Sammamish, WA 98074-7207

(425) 295-3014 / (425) 392-5160 FAX

www.eastsidecatholic.org

O'Dea High School

Director of Admissions

802 Terry Ave., Seattle, WA 98104-1294

(206) 622-1308 / (206) 340-4110 FAX

www.odea.org

Forest Ridge School of the Sacred Heart

Director of Admissions

4800 139th Ave. SE, Bellevue, WA 98006-3099

(425) 201-2421 / (425) 643-3881 FAX

www.forestridge.org

Seattle Preparatory School

Director of Admissions

2400 11th Ave. E, Seattle, WA 98102-4098

(206) 577-2146 / (206) 577-2198 FAX

www.seaprep.org

TO BE COMPLETED BY THE TEACHER

Please complete the remaining pages of this confidential form as accurately as possible and sign at the bottom of Page 3. If you would like a telephone conference to provide additional information, indicate at the bottom of Page 3. If the student is applying to more than one high school, please photocopy this completed evaluation form and send a copy, by the due date, to the high schools indicated by the applicant on the previous page.

Name of person completing form

E-mail

Position

Subject taught

School

Telephone

How long have you known the applicant?

In what capacity?

What are the first few words that come to mind to describe the applicant?

THE STUDENT:	All of the time	Most of the time	Some of the time	Rarely	Comments
Displays intellectual creativity					
Demonstrates higher-level thinking skills					
Works to potential					
Participates actively in class					
Works well independently					
Works well with others					
Completes work on time					
Manages time effectively					
Is punctual					
Responds appropriately to criticism					
Takes responsibility for actions					
Cooperates with teachers					
Respects the learning environment					
Relates well to others					
Treats others with respect and dignity					
Demonstrates integrity					
Demonstrates leadership qualities					
Participates in school activities					

Please give your realistic appraisal of the student's academic strengths/weaknesses and work ethic. Indicate any unique talents, personal qualities, or special circumstances. Be sure to describe special accommodations, or modified curricula needed in the classroom.

Please leave this box blank until you have saved or copied the appropriate number of completed forms for the student, remembering to fill in the placement information on Page 3. Then, if you would like to add any specific information pertaining to a particular school, please do so in the space provided below.

SPECIFIC INFORMATION FOR

		name of high school		
I recommend this student for the high school designated above				
enthusiastically	with confidence	with reservations	not at all	

Additional comments:

I would like a telephone conference to provide further information: No Yes

Best time to call

Phone number to call _____

TEACHER NAME

DATE

PLACEMENT INFORMATION

This information must be completed before the form is returned. Please circulate to appropriate faculty.

ENGLISH

Given the applicant's academic ability, writing skills, self-motivation, and work ethic, this student would be most successful in:

an advanced program a standard program a program that is below grade level other

Comments

Name of current English teacher

E-mail

Best time to reach English teacher by phone

Phone number

MATHEMATICS

Name of mathematics course completed by the end of this school year

Current mathematics text and publisher

What next course would you recommend for this student?

At what level?

an advanced program a standard program a program that is below grade level other

Comments

Name of current mathematics teacher

E-mail

Best time to reach mathematics teacher by phone

Phone number

INTERNATIONAL LANGUAGE

Does the student speak a language other than English at home? Yes Which language?

Has the applicant studied an international language? Yes Which language?

Which grade levels? (check all that apply) 7 8 9 10 11 How many hours per week does current class meet?

Current language text and publisher

What next course would you recommend for this student?

Comments

Name of current language teacher

E-mail

Best time to reach language teacher by phone

Phone number