



11123 Cypress N. Houston Rd.
 Houston, TX 77065
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 www.CypressChristian.org

Confidential Teacher Evaluation Grades 6-12

Student Name _____ is an applicant to our _____ grade, 20_____

Parent/Guardian: Please read and sign before giving this to your child's teacher.

I understand and agree that the following information is confidential. I also agree that this completed form will not be available to candidates, parents, or anyone else outside of Cypress Christian School Admissions Committee. I waive any right I may have to see it.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Teacher: Your input as to the student's needs and abilities increases our ability to determine our program's appropriateness for the applicant. Since we treat this information as confidential, please mail or fax this form DIRECTLY to the school.

Teacher Name

Subject Area

Academic Qualities	Superior (Top 10%)	Above Average	Average	Below Average	No Basis For Evaluation
Ability					
Creativity					
Growth potential					
Initiative					
Intellectual curiosity					
Motivation					
Self-discipline					
Study habits					
Completes work					
Classroom behavior					
Organizational skills					

Please circle the most appropriate recommendation for student's placement NEXT YEAR:

ENGLISH

Regular English
 Honors English

MATH

Algebra I
 Geometry
 Algebra II
 Pre-Calculus
 Calculus
 Consumer Math

SCIENCE

Biology I
 Physical Science
 Chemistry
 Physics
 Biology II

Has the student studied a foreign language? Yes _____ No _____

Which language? _____ Number of years _____ Classes per week _____

Does the student have any special talents? _____

Has the student received any special awards or recognition? _____

Personal Qualities	Superior (Top 10%)	Above Average	Average	Below Average	No Basis For Evaluation
Attendance					
Concern for others					
Cooperation					
Emotional Stability					
Enthusiasm					
Friendliness					
Integrity					
Interaction with faculty					
Leadership					
Manners					
Maturity					
Personal grooming					
Reaction to disappointment					
Responsibility					
Self-confidence					
Sense of humor					
Sense of service					

Is the student in good standing with your school? Yes _____ No _____ If no, please explain. _____

Is the student receiving any modifications to address a learning deficiency or difficulty? If yes, please explain. _____

Has the applicant had any disciplinary problems or been suspended or expelled in the past year? Yes _____ No _____

If yes, please explain. _____

Please make general comments on the academic and personal qualities of the applicant that could help us in our decision.

Are parents supportive of school policies and responsive to school suggestions? Yes _____ No _____

How long have you known applicant? _____

Recommendation:

_____ HIGHLY RECOMMENDED

_____ RECOMMENDED

_____ RECOMMENDED WITH RESERVATIONS BECAUSE _____

_____ NOT RECOMMENDED BECAUSE _____

Form completed by _____ Date _____

Title _____ School _____

School Address and Zip Code _____ Phone _____