



**MILTON
GOTTESMAN**
JEWISH DAY SCHOOL
OF THE NATION'S CAPITAL

with soul in mind

Confidential Teacher Evaluation Form

Grade 2 through Grade 8

Kay and Robert Schattner Center
6045 16th St. NW, Washington, DC 20011
4715 16th St., NW, Washington, DC 20011
Phone: 202-291-5737, ext. 2207 Fax: 202-291-4686
Email: admission@MiltonGottesman.org

Name of Student _____ Date of Birth _____

Current school _____ Current Grade _____

Name of person completing evaluation form _____ Applying for Grade _____

Subject or class that I teach _____ Date _____

I have known this student for _____ years/months .

For parents/guardians: I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to MILTON for purposes of my child's application to attend the school.

Parent/Guardian Signature _____ Date _____

For persons submitting recommendation: MILTON would appreciate your candid assessment of the applicant's abilities. If the applicant's parent/guardian has signed the waiver above, your recommendation will be kept confidential.

The items below ask for your sense of the student's social, physical, and academic skill development. Please use the check boxes to show gradations within each category.

Character and personality traits	Advanced for age	Appropriate for age	Needs development	No basis for Judgment	Comments
Conduct					
Leadership					
Maturity					
Social relationship with peers					
Self-confidence					
Integrity					
Sense of humor					
Sense of responsibility					
Interaction with teachers/adults					
Participation in life of the school					
Creativity					
Respect for others					
Concern for others					

Academic traits	Advanced for age	Appropriate for age	Needs development	No basis for Judgment	Comments
Academic potential					
Academic achievement					
Self-motivation					
Effort/initiative					
Intellectual curiosity					
Commitment to homework					
Ability to work independently					
Ability to work as a group					
Ability to express ideas orally					
Ability to express ideas in writing					
Attendance					
Participation in class					
Study habits/organization of work					
Level of engagement					
Reading ability					
Math ability					
Attention span					

What are the first words that come to mind when describing this student?

Please check the words that you feel describe this student?

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> aggressive | <input type="checkbox"/> confident | <input type="checkbox"/> follower | <input type="checkbox"/> irritable | <input type="checkbox"/> over-protected |
| <input type="checkbox"/> self-centered | <input type="checkbox"/> anxious | <input type="checkbox"/> conscientious | <input type="checkbox"/> happy | <input type="checkbox"/> manipulative |
| <input type="checkbox"/> passive-resistant | <input type="checkbox"/> self-disciplined | <input type="checkbox"/> articulate | <input type="checkbox"/> disobedient | <input type="checkbox"/> helpful |
| <input type="checkbox"/> motivated | <input type="checkbox"/> perfectionist | <input type="checkbox"/> shy | <input type="checkbox"/> cheerful | <input type="checkbox"/> honest |
| <input type="checkbox"/> negative leader | <input type="checkbox"/> positive | <input type="checkbox"/> leader | <input type="checkbox"/> easily discouraged | <input type="checkbox"/> social |
| <input type="checkbox"/> influential | <input type="checkbox"/> organized | <input type="checkbox"/> responsible | <input type="checkbox"/> well-liked | |

What frustrates this student?

Please describe any outstanding areas of strength and growth not covered by the above categories.

Please describe any independent evaluation for emotional, academic, or physical reason that you are aware of that have been recommended or have been obtained.

Please describe any signs of learning differences that you have observed.

Please describe any special accommodations that are provided for the student.

Comments: We would appreciate additional comments and observations concerning this student's abilities, attendance, personal qualities, and special interests. We welcome any other information you think might be helpful in our understanding of this student.

Please describe parental cooperation and involvement with the school.

If you would like to speak confidentially about this student, please feel free to contact Sindy Udell, Director of Admission, 202-291-5737, ext. 2207, sindy.udell@MiltonGottesman.org.

Submitted by: _____ Email address: _____ Date: _____

Please return this form by mail or email to:
Office of Admission
Milton Gottesman Jewish Day School
Kay and Robert Schattner Center
4715 16th Street, NW, Washington, DC 20011
admission@MiltonGottesman.org