



Teacher Evaluation Form for Grades K-5

Parents: Please complete the top portion of this form and deliver it to your child's current teacher. Ask that it be completed and returned directly to Integrity Academy. (without passing back through you.) Please provide the teacher with a stamped envelope addressed to Integrity Academy, at the address below. If you prefer, you may have the teacher scan and email this document to the email address below.

Integrity Academy
Attention: Admissions
1701 Toomey Road Austin Texas 78704
Phone 512.535.1277
Email: registration@integrityacademy.org

Applicant's Name

Parent/Guardian Name

Name of Current School

Applying to Level (1-7): _____ Current Grade: _____

Attends this School on the Following Days: M T W Th F

These are: Full Days Half Days Individual Class Periods

To the Teacher:

Thank you for taking the time to complete this evaluation. Please note that the information you submit will be considered confidential and will be seen only by those who are members of the Admissions Committee or part of our admissions process. This evaluation is not to be shared with the applicant's parents, either by you or by Integrity Academy .

If you feel you do not know the applicant well enough to complete this evaluation, please return it to the applicant's parents. If you need additional copies of this form, they may be printed from our web site integrityacademy.org.

Teacher Completing Form

Subject Area

Phone

E-mail

May We Contact You? Yes No

Adult/child ratio in class: _____ Adult/child ratio in learning group: _____



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Please answer the following questions fully and to the best of your knowledge. We appreciate your candidness. Your feedback will be held in the strictest of confidence and will be used for admissions purposes only. You may use additional paper to answer the following questions.

1. How long have you known this child and in what capacity?
2. What are the first few words that come to mind to describe the applicant?
3. How does the applicant relate to his peers and teachers?
4. How does the applicant compare to his peers in terms of attention span, ability to transition, ability to understand new concepts, and willingness to follow directions?



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5. Please comment on the applicant's academic/social strengths.

6. Please describe academic/social areas in which the applicant needs improvement.

7. Please describe the attitude and involvement of the applicant's parent(s).



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8. If you were able to choose, would you have this applicant in your class again next year? Why or why not?

9. We would appreciate any further comments you think might be helpful to us in getting to know this applicant or the applicant's parents.

I certify that everything I have written in this form is true and complete to the best of my knowledge and experience with the above-mentioned student.

Signature of Teacher Completing this Form

Date