

Grades 2-5 Teacher Evaluation

ROLLING HILLS COUNTRY DAY SCHOOL
 26444 Crenshaw Boulevard
 Rolling Hills Estates, CA 90274
 Phone: 310.377.4848 (ext. 22 Admission Office)
 Fax: 310.377.9651
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To the teacher or school director

The following student is a candidate for admission to Rolling Hills Country Day School. We request that you check the appropriate areas in the questionnaire below, as this information will be particularly helpful in our evaluation of this candidate. Thank you very much for completing this form. *(Please mail this directly to our school.)*

Name of student _____ Birthdate _____ Applying for grade _____

Please ✓ one

LANGUAGE SKILLS	OUTSTANDING	VERY GOOD	GOOD	FAIR
Reading comprehension and ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes direction from parents/teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH SKILLS				
Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY SKILLS				
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort in completing assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONALITY/CHARACTER				
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENTAL SUPPORT FOR EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Teacher _____ Date _____

School _____ Telephone (_____) _____