

Grades 6-8 Teacher Evaluation

Language Arts

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
 www.rhcds.com

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 area in the evaluation form below and return to our school Admission Office as soon as possible. Thank you 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"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar usage	<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"/>
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 on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to transition with ease	<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"/>
Ability to stay on task	<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 (_____) _____