

TEACHER EVALUATION OF STUDENT STRENGTHS AND NEEDS

*Applicants to grades 7-12*

**To the parent/guardian:** Please complete the information in the box below and give it to your child’s teacher. The teacher must return this form directly to The Lab School of Washington.

**Candid teacher feedback is an essential piece of the admissions process and will not become part of the student’s permanent record. I acknowledge that I waive my right to the confidential information included on this form.**

Name of Student: Current School: Current Grade:

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Evaluator:

**To the teacher:** The student whose name appears above is an applicant to The Lab School of Washington. The Lab School addresses the needs and fosters the strengths and talents of children with average to superior intelligence who, through evaluation by a qualified specialist, have been determined to have, or to be at risk for, a specific learning disability. Your thoughtful and candid feedback is an essential piece of the admissions process. The information you provide will be kept confidential and will not be shared with the applicant the applicant’s family.

Thank you for your time.

How long and in what context(s) have you known the student?

Have you taught this student in a virtual learning or hybrid setting? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ If yes, please elaborate on the following:

1. How often did you see this student?
2. Please also specify size of instructional group, the format, and time spent for each (e.g., in a synchronous group of 10 students 2 hours/week, in an asynchronous format providing weekly packets, etc.)

What are the first three words/phrases that come to mind when thinking about the student?

Describe the student’s preferred approach to learning (e.g., hands-on, visual, auditory, kinesthetic) and/or the type of classroom/ learning environment that would be beneficial for this student.

Provide examples of how you have modified the curriculum for this student.

Describe how this student responds to academic and/or social challenges.

Please check here if you would like to share additional feedback via phone, and provide contact number:

Please complete checklist on the next page…

For each of the following, compare the applicant to the larger population of students in the grade and check the most appropriate rating. If you have worked with this student virtually **and** in person, please indicate differences in performance between settings. Please add comments as applicable.

**RATINGS KEY: 1 = exceptional, 2 = above average, 3 = average, 4 = below average, 5 = area of significant concern**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| academic development |  |  | 1 | 2 | 3 | 4 | 5 | n/a | Comments |
|  | Reading decoding |  |  |  |  |  |  |  |
|  | Reading fluency |  |  |  |  |  |  |  |
|  | Reading comprehension |  |  |  |  |  |  |  |
|  | Vocabulary |  |  |  |  |  |  |  |
|  | Oral expression |  |  |  |  |  |  |  |
|  | Listening comprehension |  |  |  |  |  |  |  |
|  | Written expression |  |  |  |  |  |  |  |
|  | Writing mechanics |  |  |  |  |  |  |  |
|  | Math reasoning |  |  |  |  |  |  |  |
|  | Math computation |  |  |  |  |  |  |  |
|  | Creativity/Imagination |  |  |  |  |  |  |  |
|  | Intellectual curiosity |  |  |  |  |  |  |  |
|  | Critical thinking |  |  |  |  |  |  |  |
|  | Memory |  |  |  |  |  |  |  |
| student development |  | Attendance |  |  |  |  |  |  |  |
|  | Class participation |  |  |  |  |  |  |  |
|  | Independent work |  |  |  |  |  |  |  |
|  | Group work |  |  |  |  |  |  |  |
|  | Effort/Work ethic |  |  |  |  |  |  |  |
|  | Self-motivation |  |  |  |  |  |  |  |
|  | Attention/Focus |  |  |  |  |  |  |  |
|  | Follows directions |  |  |  |  |  |  |  |
|  | Transition/Shift |  |  |  |  |  |  |  |
|  | Time management |  |  |  |  |  |  |  |
|  | Organization |  |  |  |  |  |  |  |
|  | Self-Advocacy |  |  |  |  |  |  |  |
| social development |  | Respect for others |  |  |  |  |  |  |  |
|  | Integrity/Honesty |  |  |  |  |  |  |  |
|  | Emotional maturity |  |  |  |  |  |  |  |
|  | Mood regulation |  |  |  |  |  |  |  |
|  | Self-confidence |  |  |  |  |  |  |  |
|  | Resilience/Perseverance |  |  |  |  |  |  |  |
|  | Sense of humor |  |  |  |  |  |  |  |
|  | Relationship with peers |  |  |  |  |  |  |  |
|  | Relationship with adults |  |  |  |  |  |  |  |
|  | Leadership ability |  |  |  |  |  |  |  |

Name of evaluator:

Email: Date:

Please be sure to submit this form w/ work samples within the next 5 days to admissions@labschool.org. Thank you!

If you experience difficulties submitting this form, please email admissions@labschool.org.