

TEACHER EVALUATION OF STUDENT STRENGTHS AND NEEDS

*Applicants to grades 5-12*

**To the parent/guardian**: There is a different version of this form for your child’s English/LA and Math teachers. This version is optional. Please complete the information in the box below and give it to your child’s tutor, coach, or mentor. The evaluator must email this form directly to The Lab School of Washington: admissions@labschool.org

**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:

**To the evaluator**: 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 language-based 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 or the applicant’s family. Thank you for your time.

How long and in what context(s) have you known the student? What is the student to teacher ratio of your class/group?

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.

If applicable, provide examples of how you have modified the curriculum or context in which you work with this student.

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

Provide an example of how this student recently impressed you.

Provide an example of how this student recently concerned you.

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 similar age/grade students you work with 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 submit this form within the next 7 days to: admissions@labschool.org Thank you!

If you experience difficulties submitting this form online, please email it to: admissions@labschool.org