

TEACHER EVALUATION OF STUDENT STRENGTHS AND NEEDS  
*Applicants to Global Division*

**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](mailto: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:

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**

	1	2	3	4	5	n/a	Comments
academic development	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](mailto:admissions@labschool.org) Thank you!

If you experience difficulties submitting this form online, please email it to:  
[admissions@labschool.org](mailto:admissions@labschool.org)