



Confidential Evaluation Form

Teacher | Grades 2 – 12

Brent International School Baguio

To the Applicant’s family: Please give this form to your child’s main-subject classroom teacher.

Applicant’s Name _____

Date of Birth _____

Current grade _____

Applying to grade _____

To the Teacher:

Information about this student will be valuable in assisting us to evaluate his/her application for admission to our school. Your evaluation and comments will be kept confidential. Thank you.

I request you call me to discuss this applicant.
 Phone number: _____

_____ Name and Signature of teacher completing this form

_____ Position

_____ Date

Email Address _____ How long have you known this student? _____

School Name _____ Country _____

School Website _____ School Phone _____

What are the first words that come to mind to describe this student?

Character and Personality Traits (Please check appropriate boxes):

Conduct	<input type="checkbox"/> outstanding in every aspect	<input type="checkbox"/> usually good behavior	<input type="checkbox"/> occasional misconduct	<input type="checkbox"/> frequent disruption
Leadership	<input type="checkbox"/> much	<input type="checkbox"/> some	<input type="checkbox"/> little	
Emotional maturity/ stability	<input type="checkbox"/> very mature	<input type="checkbox"/> average	<input type="checkbox"/> somewhat immature	<input type="checkbox"/> very immature
Social relationship with peers	<input type="checkbox"/> healthy cooperative relationships	<input type="checkbox"/> occasional minor problems	<input type="checkbox"/> relates poorly	
Self-confidence	<input type="checkbox"/> healthy self-image	<input type="checkbox"/> needs some support	<input type="checkbox"/> seems overly confident	<input type="checkbox"/> needs much reassurance
Integrity	<input type="checkbox"/> trustworthy	<input type="checkbox"/> usually trustworthy	<input type="checkbox"/> some reservations	<input type="checkbox"/> untrustworthy
Sense of humor	<input type="checkbox"/> highly developed	<input type="checkbox"/> appropriate	<input type="checkbox"/> poorly developed	
Interaction with teacher/ adults	<input type="checkbox"/> is comfortable	<input type="checkbox"/> is dependent	<input type="checkbox"/> avoids contact	
Participation in life of the school	<input type="checkbox"/> outstanding	<input type="checkbox"/> contributor	<input type="checkbox"/> minor participation	

Additional Comments:

Signature over printed name of teacher completing this form

Applicant's name

Academic Traits	Excellent	Good	Fair	Poor	Comments
Academic potential					
Academic achievement					
Self-motivation					
Effort/initiative					
Study habits/ organization of time and work					
Intellectual curiosity					
Attention span					
Commitment to homework					
Ability to follow directions					
Ability to work independently					
Ability to work in a group					
Ability to express ideas orally					
Ability to express ideas in writing					
Attendance					

Does the student have any abilities or deficiencies not covered by the above categories?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:
Are you aware of any independent evaluations for physical, emotional, or academic reasons regarding this student?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:
Have you observed any signs of learning disabilities?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:
Does the child receive any special accommodations/ medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:
Has/Is the student enrolled in any English language proficiency enhancement program?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:

Please circle the words that you feel describe this applicant:

Angry	Confident	Follower	Irritable	Over-protected	Selfish
Anxious	Conscientious	Happy	Manipulative	Passive	Self-disciplined
Articulate	Disobedient	Helpful	Motivated	Perfectionist	Shy
Assertive	Easily discouraged	Honest	Negative leader	Positive leader	Social
Cheerful	Influential	Organized	Responsible	Vivacious	Well-liked

How strongly do you recommend this student?	<input type="checkbox"/> Enthusiastically <input type="checkbox"/> Strongly <input type="checkbox"/> Fairly Strongly <input type="checkbox"/> Without Enthusiasm <input type="checkbox"/> Not Recommended
Parent involvement:	<input type="checkbox"/> Much <input type="checkbox"/> Usually <input type="checkbox"/> Rarely <input type="checkbox"/> Not Involved <input type="checkbox"/> Don't Know
Parent cooperation:	<input type="checkbox"/> Very Cooperative <input type="checkbox"/> Usually Cooperative <input type="checkbox"/> Not Cooperative

Thank you for your assistance. You may return this completed form to the student in a sealed envelope, scan it and attach it to an email to the Registrar, or send it through courier.

Brent International School Baguio
c/o The Registrar's Office
Brent Road
Baguio City 2600
Philippines

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Email: registrar@brentbaguio.edu.ph
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