

CONFIDENTIAL MATHEMATICS TEACHER EVALUATION

Directions for Applicant's Parents: This form is required for application to Our Lady of Mercy Catholic High School. Indicate to your current school where to send this evaluation. Only the admissions committee of Our Lady of Mercy will view this application.

Directions for School: Please make a copy of the original and send this form to Our Lady of Mercy Catholic High School: Our Lady of Mercy Catholic High School • 861 Highway 279 • Fayetteville, Georgia 30214

TO BE COMPLETED BY APPLICANT'S PARENT/LEGAL GUARDIAN

I hereby authorize you to release the requested information regarding my child's application to Our Lady of Mercy Catholic High School. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

Signature of Parent or Legal Guardian	
Name of Student Applicant	Current Grade Level
***************	*************************
TO BE COMPLETED BY TEACHER	
Teacher's Name	School

Please evaluate the candidate in the following areas by placing a check in the appropriate column.

		Above		Below	
	Excellent	Average	Average	Average	Poor
Effort /determination					
Classroom Conduct					
Organizational ability					
Personal initiative					
Responsibility					
Maturity relative to age					
Acceptance by peers					
Honesty/integrity					
Concern for others					
Respect by faculty					
Reading ability					
Written expression					
Oral expression					
Creativity					
Completion/quality of homework					

(Please complete reverse side)

	d performance? If yes, identify behaviors associated with disparity.
Please describe any special accommod	lations this student receives in your class.
Name of the math course this student l	has been studying since Septembered
In which areas do you feel this student	t needs improvement?
or athletic performance or contribution	
	applicant's class performance, conduct, participation, and prospect for success.
Check one of the following:	(1) I strongly endorse this candidate for admission(2) I endorse this candidate(3) I endorse this candidate with reservations.
	(4) I do not endorse this candidate.
Teacher's Signature	Date
	time to complete this evaluation. Your comments are an important part of the con provided will be held in confidence and disclosed only to the admissions

Our Lady of Mercy Catholic High School • 861 Highway 279 • Fayetteville, Georgia 30214 <u>www.mercycatholic.org</u> (770) 461-2202 (Phone) (770) 461-9353 (Fax)

Please return this completed form directly to the address listed below in an official envelope from your school.