



Student Evaluation – Math Teacher

To help us assess student placement at WCS, please complete this form and return it to our Admissions Office.

STUDENT			
_____	_____	_____	_____
Last Name	First	Grade	Date

EVALUATOR		
_____	_____	_____
Evaluator Name	Title	Phone
_____	_____	_____
School Name	Street Address	City, State, Zip

EVALUATION	1 = Fair	2 = Average	3 = Good	4 = Excellent	5 = Unable to Assess
Please rate each category below.					
	1	2	3	4	5
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks Logically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Math Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Systematically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Number Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity & Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please check words that best describe this student:					
<input type="checkbox"/> Anxious	<input type="checkbox"/> Confident	<input type="checkbox"/> Follower	<input type="checkbox"/> Perfectionist		
<input type="checkbox"/> Articulate	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Leader	<input type="checkbox"/> Responsible		
<input type="checkbox"/> Assertive	<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Motivated	<input type="checkbox"/> Self-Disciplined		
How long and in what capacity have you known this student?					
Please use other side to share any academic, behavioral, emotional, or social observations you feel would help us evaluate this student.					

RELEASE	I grant permission to release this information to:	Wilmington Christian School
_____	_____	Admissions Office 825 Loveville Road Hockessin, DE 19707
Parent / Guardian Signature	Date	