

# Saint Brendan School

238 South Manhattan Place  
Los Angeles, CA 90004  
213.382.7401

## Confidential Teacher Evaluation Form

### TO THE PARENT/GUARDIAN:

Please complete the following information before giving this form to your child's teacher.

**Name of applicant:** \_\_\_\_\_ Candidate for \_\_\_\_\_ grade.

For the student named above, I waive my rights to read this teacher recommendation form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TO THE TEACHER:

**Name of the teacher completing this form:** \_\_\_\_\_ **Subject taught:** \_\_\_\_\_

**Name of school:** \_\_\_\_\_ **School phone number:** \_\_\_\_\_

Your observations about the academic performance and personal qualities of this candidate are very helpful to us. Thank you in advance for your thoughtful and honest evaluation. Your comments will be held in strict confidence. Please mail this form to Saint Brendan School no later than **March 1<sup>st</sup>**.

Please check the following categories as they apply to the students observed actions in the classroom and during extra-curricular school related activities.

Skill	Excellent	Good	Average	Poor	Unable to Respond
Motivation					
Ability to work group					
Ability to work independently					
Sense of Responsibility					
Personal Relationships					
Initiative and Leadership					
Cooperation and Effort					
Conduct and Behavior					
Work and Study habits					
Integrity					
Demonstration of Faith					

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Name of applicant: \_\_\_\_\_

Using the space below, please comment on the student's classroom behavior, habits, personal gifts and talents, and level of academic achievement. Please feel free to add any information about your observations of this student's peer relations, generosity, patience, character and respect for others.

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Your recommendation for this candidate's admission to Saint Brendan School.

<b>Recommendation</b>	<b>Strongly Recommend</b>	<b>Recommend</b>	<b>Recommend with Reservations</b>	<b>Do not recommend (Please explain)</b>	<b>Special Circumstance</b>
Academically					
Observed Character					
Overall					

**Printed name of the person completing this evaluation:** \_\_\_\_\_

**Email address of the person completing this evaluation:** \_\_\_\_\_ (optional)

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

We appreciate your time and effort. If you have any questions or concerns, please feel free to contact Saint Brendan School.