

**Patriot League Applicant CONFIDENTIAL Teacher  
Evaluation**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand that I will not have access to the information given by this teacher on this form.	
_____	_____
Student's signature	Date

Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

I teach/taught this student in \_\_\_\_\_ [course name] in school year, \_\_\_\_\_.

Please assess the above named student from your personal experience. Additional comments are appreciated. Return this form to Lesley Morton, Admission Office, through campus mail or in another sealed envelope. The student will not have access to the information on this evaluation.

*Check box under appropriate response*

	Superior	Good	Average	Below Average	Poor
Gets along well with other students					
Follows instructions & is generally on time					
Could speak to adults well					
Uses appropriate humor					
Uses appropriate language					
Chance this child <b>will</b> embarrass Jackson Prep or Mrs. Morton [yes, carefully use the same scale]					

Additional Comments:

*Teachers, please return this form to Lesley Morton by Wednesday, September 7, 2011. Forms will be picked up from JH and SH offices by 3:15 p.m. and will not be accepted late. Students were instructed to request your participation by Friday, September 2, 2011.*

\_\_\_\_\_  
Teacher's Signature