



Confidential Teacher Evaluation Form

Second through Sixth Grade Hebrew Language

Kay and Robert Schattner Center
 6045 16th St. NW, Washington, DC 20011
 Phone: 202-291-5737 (JPDS), ext. 103 Fax: 202-291-9750
 Email: jpds.admission@jpds.org

Name of Student _____ Date of Birth _____

Current School _____ Current Grade _____

Name of person completing evaluation form _____ Applying for Grade _____

Subject or class that I teach _____ Date _____

I have known this student for _____ years/months .

For Parents/Guardians: I hereby waive my right to access this recommendation and authorize the above named-person to provide an evaluation and all relevant information to JPDS-NC for purposes of my child's application to attend the school.

Parent/Guardian Signature _____ Date _____

Hebrew Language Teacher: Please complete this form in order to assist us in the evaluation and placement of this student. Please attach additional sheets of paper if you need additional space.

Hebrew Language

- | | | | | |
|------------------------------|--|---------------------------------|----------------------------------|------------------------------------|
| Ability to converse | <input type="checkbox"/> fluent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> beginning |
| Ability to read | <input type="checkbox"/> fluent with comprehension | <input type="checkbox"/> fluent | <input type="checkbox"/> good | <input type="checkbox"/> beginning |
| Written expression/content | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> limited | <input type="checkbox"/> beginning |
| Written expression/mechanics | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> limited | <input type="checkbox"/> beginning |

Character and Personality Traits	Advanced for age	Appropriate for age	Needs development	No basis for Judgment	Comments
Conduct					
Leadership					
Maturity					
Social relationship with peers					
Self-confidence					
Integrity					
Sense of humor					
Sense of responsibility					
Interaction with teachers/adults					
Participation in life of the school					
Creativity					
Respect for others					
Concern for others					

Academic Traits	Advanced for age	Appropriate for age	Needs development	No basis for Judgment	Comments
Academic potential					
Academic achievement					
Self-motivation					
Effort/initiative					
Study habits/organization of work					
Intellectual curiosity					
Level of engagement					
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					
Participation in class					

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

What frustrates this student?

Please describe parental cooperation and involvement with the school.

Please describe any signs of learning differences that you have observed.

Please describe any special accommodations that are provided for the student.

If you would like to speak confidentially about this student, please feel free to contact Sindy Udell, Director of Admission, 202-291-5737, ext. 103, sindy.udell@jpds.org, or provide your phone number along with the best day and time to reach you.

Submitted by: _____ Date: _____ Email: _____

Please return this form directly to :
 Office of Admission
 Jewish Primary Day School of the Nation's Capital
 Kay and Robert Schattner Center
 6045 16th Street, NW, Washington, DC 20011