



# Harbor Country Day School

## Student Evaluation

Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

Current School \_\_\_\_\_ School Phone Number \_\_\_\_\_

**To the Parent/ Guardian:** Please sign the statement below and give this form to your child's teacher/advisor.

I waive my right to read the confidential teacher recommendation for the student listed above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To the Teacher/Advisor:**

Thank you for completing this evaluation of the student whose name appears above. All information you provide will be disclosed only to the Admission Committee. Please return the completed form to: Harbor Country Day School, 17 Three Sisters Road, St. James, NY 11780.

For how long have you known the student? \_\_\_\_\_

In what course do you teach the student (honors, regular, etc.)? \_\_\_\_\_

What three words best describe this student? \_\_\_\_\_

Write a brief assessment of this student's progress in your class.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write the abbreviation of the level of achievement next to the behavior on the lines below to indicate your evaluation of the student in comparison to other students of his/her age that you have taught:

Below Average (BA)      Average (A)      Good (G)      Excellent (E)      Outstanding (O)

Ability to Reason \_\_\_\_\_ Listens to/Follows Instructions \_\_\_\_\_

Curiosity \_\_\_\_\_ Appropriate Behavior \_\_\_\_\_

Motivation/Effort \_\_\_\_\_ Attention \_\_\_\_\_

Oral Expression \_\_\_\_\_ Integrity \_\_\_\_\_

Initiative \_\_\_\_\_ Consideration for Others \_\_\_\_\_

Maturity \_\_\_\_\_ Reaction to Setbacks \_\_\_\_\_

Leadership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_