



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 _____