**Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEACHER EVALUATION FORM**

**PLEASE circle your choice USING THE FOLLOWING RATINGS SCALE:**

**1** Excellent **2** Very good **3** Good  **4** Average

**RESPONSE TO ASSIGNMENTS and PERSERVERANCE**

**1 2 3 4**

**WRITTEN WORK**

**1 2 3 4**

**DECISION MAKING**

**1 2 3 4**

**SELF DISCIPLINE and DIRECTION**

**1 2 3 4**

**PEOPLE and CLASSROOM INTERACTION**

**1 2 3 4**

**• Please include a letter of recommendation on your school’s official letterhead.**

**Teacher’s Position and contact information:**

**School Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade/Subject taught\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_