



St. Elizabeth of Hungary Catholic School

4019 S. Hampton Rd. • Dallas, TX 75224
Phone: 214-331-5139 • Fax: 214-467-4346

**CONFIDENTIAL
TEACHER EVALUATION
Grades 6-8**

APPLICANT'S FULL NAME

Last First Middle

CURRENT GRADE: _____ **APPLYING TO GRADE:** _____

To The Applicant Family

Please submit this form to your current teacher, allowing time for completion and return by the application deadline.

I waive my right of access and that of my child to this teacher evaluation form.

X _____ (Parent/Guardian Signature)

To The Current Teacher

The student above is applying for admission to St. Elizabeth of Hungary Catholic School. As part of the admissions process, please assess the student as compared with his or her peers. We appreciate your time and effort in completing this evaluation. Be assured that all of the information you provide will be held in strict confidence. Please keep a copy and mail the original directly to:

St. Elizabeth of Hungary Catholic School
4019 S. Hampton Rd.
Dallas, Texas 75224
Attn: Admissions

Please comment on the following (attach a separate sheet, if necessary):

1. Applicant's qualities of mind (keenness, originality, imagination, curiosity):
2. Applicant's social and/or emotional development as compared with others of the same chronological age:
3. Applicant's strengths:
4. Applicant's weaknesses:
5. Disabilities or special needs (including amount of teacher time required):
6. Additional comments (please attach additional sheet if necessary):

This student has been enrolled in this school for _____ year(s). I have known him/her for _____ year(s).

Please PRINT the following:

NAME	TITLE/POSITION	DATE
SCHOOL	ADDRESS	PHONE
CITY	STATE	ZIP CODE
EMAIL ADDRESS		

MAY WE CONTACT YOU TO FOLLOW UP ON THESE QUESTIONS? YES NO

