



**St. Elizabeth of Hungary Catholic School**

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

**CONFIDENTIAL  
TEACHER EVALUATION**

**Pre-Kindergarten  
and Kindergarten**

**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

