ENGLISH TEACHER EVALUATION

Grades 6-12 Only

Applicant’s Name: ___________________________ 2017-2018 Grade Applying For: ________

To the Teacher: Thank you in advance for completing this evaluation. The student listed above has applied for admission to the University Laboratory School. Your evaluation of the student will be used in the admission process.

Teachers Name: ___________________________ School: ___________________________

Course Title: ___________________________ Texts being used: ___________________________

Please rank the student in comparison to other students that you have taught.

<table>
<thead>
<tr>
<th>Study Habits</th>
<th>Below Average</th>
<th>Average Good</th>
<th>Very Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Academic Performance</td>
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<tr>
<td>Intellectual Aptitude</td>
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<td>Leadership Qualities</td>
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<tr>
<td>Interest in Learning</td>
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<td>Honesty</td>
<td></td>
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<tr>
<td>Ability to Work/Interact with Peers</td>
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<td>Level of Maturity</td>
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<tr>
<td>Level of Motivation</td>
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<tr>
<td>Cooperation with Teachers/Adults</td>
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</table>

1. How would you rate the student’s performance compared to his/her ability?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. Please add any other information that you feel is relevant to his/her application.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

3. How long have you known the applicant? __________________________________________________

Further Comments: ________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

______________________________________________________ ________________________________
Signature Date

Parents may return this form in a sealed letterhead envelope or it can be mailed/faxed by May 31, 2017 to:

University Laboratory School
Attn: Office of Admissions
Louisiana State University
Baton Rouge, LA 70803

Phone: (225) 578-3221
Fax: (225) 578-3326
Website: www.uhigh.lsu.edu
Email: ULSAdmissions@lsu.edu