MATH 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>
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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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<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