

**MATH TEACHER EVALUATION**  
**Grades 6-12 Only**

**CONFIDENTIAL**

Applicant's Name: \_\_\_\_\_

2018-2019 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.

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

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, 2018 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](http://www.uhigh.lsu.edu)  
 Email: [ULSadmissions@lsu.edu](mailto:ULSadmissions@lsu.edu)