ENGLISH TEACHER EVALUATION  CONFIDENTIAL
Grades 6-12 Only

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.

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<th>Below Average</th>
<th>Average Good</th>
<th>Very Good</th>
<th>Outstanding</th>
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<tbody>
<tr>
<td>Study Habits</td>
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<tr>
<td>Overall Academic Performance</td>
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<td>Intellectual Aptitude</td>
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<td>Leadership Qualities</td>
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<td>Interest in Learning</td>
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<td>Honesty</td>
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<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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<td>Cooperation with Teachers/Adults</td>
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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  Phone: (225) 578-3221
Attn: Office of Admissions  Fax: (225) 578-3326
Louisiana State University  Website: www.uhigh.lsu.edu
Baton Rouge, LA 70803  Email: ULSadmissions@lsu.edu