



MATHEMATICS TEACHER EVALUATION

Student's Last Name

Student's First Name

This form must be completed by your child's current teacher and submitted to Compass directly from the current school.

I waive the right to view this teacher evaluation completed on behalf of my child.

Parent/Guardian Name

Parent/Guardian Signature

To the Mathematics Teacher:

Please provide the following information on this student and return it to the admissions office of Compass High School as soon as possible. All information provided on this form is confidential and will not be shared, directly or indirectly, with the student, parent, or guardian.

Current School: _____ Grade ____ I've known this child for ____ years ____ months.

Current math course: _____ Topics covered _____

Textbook, materials used: _____

Check one each: Outstanding (O), Above Average (AA), Average (A), Below Average (BA)

ACADEMIC ABILITIES

Mathematical ability	<input type="radio"/>	AA	A	BA	Comments: _____ _____ _____
Creative ability	<input type="radio"/>	AA	A	BA	
Intellectual curiosity	<input type="radio"/>	AA	A	BA	
Ability to grasp new concepts	<input type="radio"/>	AA	A	BA	

CLASSROOM PERFORMANCE

Participation in discussions	<input type="radio"/>	AA	A	BA	Comments: _____ _____ _____
Oral expression	<input type="radio"/>	AA	A	BA	
Work habits	<input type="radio"/>	AA	A	BA	
Ability to follow directions	<input type="radio"/>	AA	A	BA	
Preparation for class	<input type="radio"/>	AA	A	BA	
Attendance	<input type="radio"/>	AA	A	BA	

BEHAVIOR

Study habits	<input type="radio"/>	AA	A	BA	Comments: _____ _____ _____
Ability to work in a group	<input type="radio"/>	AA	A	BA	
Ability to work independently	<input type="radio"/>	AA	A	BA	
Response to corrections	<input type="radio"/>	AA	A	BA	
Willingness to seek needed help	<input type="radio"/>	AA	A	BA	
Attention and focus	<input type="radio"/>	AA	A	BA	
Interaction with peers	<input type="radio"/>	AA	A	BA	
Respect for others	<input type="radio"/>	AA	A	BA	
Conduct	<input type="radio"/>	AA	A	BA	

PERSONAL CHARACTERISTICS

Maturity for grade	<input type="radio"/>	AA	A	BA	Comments: _____ _____ _____
Maturity for age	<input type="radio"/>	AA	A	BA	
Perseverance	<input type="radio"/>	AA	A	BA	
Self-confidence	<input type="radio"/>	AA	A	BA	
Integrity	<input type="radio"/>	AA	A	BA	

MATHEMATICS TEACHER EVALUATION *side 2*

Please circle the words that describe this student:

Responsible	Passive	Irresponsible	Organized
Assertive	Loner	Disobedient	Self-disciplined
Follower	Articulate	Overprotected	Manipulative
Perfectionist-perseveres	Confident	Positive leader	Cheerful
Perfectionist-gives up	Easily distracted	Negative leader	Social
Disorganized	Distracting	Anxious	Vivacious
Restless	Motivated	Dishonest	Irritable
Conscientious	Self-centered	Humorous	Impulsive
Easily-discouraged	Easily-frustrated	Energetic	Honest
Aggressive	Passive-resistant	Shy	Outgoing

Please note any special attributes of this student that would help us to better understand him/her. (e.g. English as a second language, special talent in arts or sports, etc.)

Please comment on the student-parent relationship.

Please describe the parents' relationship with the teachers and the school.

Is there information about this child that would be better communicated by telephone? ___ Yes ___ No

Would you be willing to discuss this child by telephone if we have further questions? ___ Yes ___ No

Teacher's Name (printed)

Telephone

Signature

Date

Scan and email this form to admissions@compasshigh.org or mail to:

Compass High School
Admissions Office
2040 Pioneer Court
San Mateo, CA. 94403