



ST. MARY'S RYKEN  
HIGH SCHOOL

## confidential language arts teacher evaluation

### TO THE PARENTS

Please read and sign before giving this form to the teacher. *I waive my right of access and that of my son/daughter to this teacher evaluation form. I ask that the teacher complete this evaluation and mail it directly to St. Mary's Ryken High School.*

Applicant's Name (First) (Middle) (Last)

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Current Teacher's Name

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School Name & Address

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Parent Signature

### TO THE TEACHER

The above named student has applied for admission to St. Mary's Ryken High School. Your candid evaluation helps us tremendously in the admissions process. Specific examples and anecdotes are especially useful. We appreciate the time and effort taken to complete this assessment. ***Please know that all of the information you provide will be held in strict confidence.*** The parent of this applicant has waived his/her right of access to this completed evaluation form. Please mail this information directly to the Office of Admission at St. Mary's Ryken High School. Feel free to phone this office with any questions — 301-373-4183. *Thank you – Dawn M. Simpson, Director of Admissions*

ACADEMIC PERFORMANCE	SUPERIOR	GOOD	AVERAGE	BELOW AVG.	POOR
Language Arts/English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prediction of success at next grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDY HABITS	SUPERIOR	GOOD	AVERAGE	BELOW AVG.	POOR
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS	SUPERIOR	GOOD	AVERAGE	BELOW AVG.	POOR
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship/conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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(continued)

Would you recommend this student for an honors course?  Yes  No

Would you characterize this applicant as having a learning difference?  Yes  No  
If yes, please explain.

Has outside help been recommended?  Yes  No  
If yes, please explain.

Has outside help been given?  Yes  No  
If given, please comment on improvement noted.

Please comment on the following:

- Applicant's social and/or emotional development as compared with that of his/her peers:
  
- Applicant's strengths:
  
- Applicant's weaknesses:

Please describe family participation, with the student, in the classroom and in the school:

Additional remarks:

This student has been enrolled in this school for \_\_\_\_\_ year(s). I have known him/her for \_\_\_\_\_ year(s).

SIGNATURE	POSITION	DATE
SCHOOL	ADDRESS	TELEPHONE
CITY	STATE	ZIP

*St. Mary's Ryken High School admits qualified students of any race, color, religious, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national and ethnic origin in administration of its educational policies, admissions policies, financial aid programs, and athletic and other school-administered programs.*

**All information and materials gathered during the admissions process will be kept strictly confidential and are the sole property of St. Mary's Ryken High School.**

St. Mary's Ryken High School 22600 Camp Calvert Road Leonardtown, Maryland 20650 301-373-4183 Fax 301-373-4185 www.smrhs.org