



# SOLOMON SCHECHTER DAY SCHOOL OF NASSAU COUNTY

## TEACHER'S EVALUATION

To the Teacher:

\_\_\_\_\_ is applying for admission to Solomon Schechter Day School of Nassau County. In addition to the student's academic record, we are interested in your feedback on the student's progress and achievement. Any special information on the applicant is welcome. All information is considered CONFIDENTIAL, and therefore we ask that you return this form directly to the school.

Teacher's Name \_\_\_\_\_ Subject \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

How long have you known the student and in what capacities?

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Please comment on the student's academic progress in your class.

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What, if any, extra enrichment or remediation does the student presently receive? Do you anticipate a continued need for the same?

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Please comment on the student's relationship with his/her peers.

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*(over please)*

**Personal Qualities:**

Please evaluate the applicant in terms of the following characteristics by checking the most appropriate box:

Characteristic	Outstanding	Excellent	Good	Average	Below Average
Intellectual Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<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"/>
Reaction to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (Please attach a separate sheet, if necessary).

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Please contact me to discuss the applicant.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to evaluate the applicant. We appreciate your input.

Please mail to:  
SOLOMON SCHECHTER DAY SCHOOL OF NASSAU COUNTY  
27 Cedar Swamp Road, Glen Cove, NY 11542  
Phone: (516) 656-5500  
Fax: (516) 656-9822