TEACHER’S EVALUATION
FOR APPLICANTS TO PRIMARY AND LOWER SCHOOLS

(NOTE: This form is required for applicants to Grades One through Five.)

INSTRUCTIONS TO PARENTS:

Dear Parent: Complete the information requested in the spaces below and give this form with a pre-addressed envelope to your child’s current preschool after December 1. This form is confidential and must be sent by the teacher to Viewpoint School.

Please read the following statement and sign this form. I acknowledge that I waive my right to read this confidential evaluation.

INSTRUCTIONS TO TEACHERS:

Dear Teacher: Viewpoint School is a coeducational, college preparatory day school for students in Kindergarten through Grade Twelve. The School provides an academically enriched, nurturing environment, and promotes the intellectual, emotional, physical, and social growth of children. The Admission Committee seeks to enroll students who will find success in the academic program, who will participate in the School’s community, who possess a high level of motivation, who are of good character, and who demonstrate positive behavior. Your completion of both sides of this evaluation is extremely helpful. It is important to all of us that this child’s next school placement be an appropriate one for both the student and the family. Your observations of this child are important to us. Please know that the professional comments you share are held in STRICTEST CONFIDENCE, and do not become a part of a student’s permanent record. We thank you in advance for the help your comments will provide.

For each of the academic subjects that you have taught this child, please rate his/her qualities as a student.

+ Reading  Weak  Sometimes inadequate  Average but improving  Above average  Outstanding
+ Mathematics  ○  ○  ○  ○  ○
+ English/Language Arts  ○  ○  ○  ○  ○
+ Social Studies  ○  ○  ○  ○  ○
+ Science  ○  ○  ○  ○  ○

Please comment briefly on this child’s particular strengths or weaknesses as a student in your class:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

RECOMMENDATION

+ For Academic Promise:  ○  ○  ○  ○  ○
+ For Character and Personal Promise:  ○  ○  ○  ○  ○
+ Recommendation for Admission:  ○  ○  ○  ○  ○
Grades One through Five Teacher’s Evaluation

Please return this form no later than January 17, 2020 directly to:

Viewpoint School Office of Admission
Attn: Admission Coordinator
23620 Mulholland Highway • Calabasas, CA 91302-2097
818-591-6560 • Fax 818-591-0834 • e-mail: patrick.labo@viewpoint.org

Applicant's Name: ________________________________

Best time to reach you: ___________________________ Phone: ___________________________

Please Print Your Name and Title

Signature: ________________________________ Date: ________________

Your email address: ____________________________________________________________________________________________

___________________________________________________________________________________________________________

Check here if you would like us to call you for further information about this applicant.

________________________________________

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