



The Magellan International School
El Colegio Internacional Magallanes

**CONFIDENTIAL TEACHER EVALUATION FORM
ELEMENTARY**

To the parent/guardian: Please submit this form to a teacher or director of the school your child currently attends with a stamped envelope addressed to The Magellan International School at the address shown at the end of the form.

I/we understand that we may not look at this evaluation and assure the person completing this form and the school that we will not try to do so. We give permission for the preschool to release the information on this form to The Magellan International School. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent school record. Furthermore, we authorize the release of school records, including an official transcript as well as the results of academic testing.

NAME OF STUDENT: _____

APPLYING TO GRADE: _____

First Parent/Guardian: _____
Name **Signature** **Date**

Second Parent/Guardian: _____
Name **Signature** **Date**

To the teacher completing this form: Please complete all pages of this form and send to The Magellan International School at the address shown at the end of the form. Your comments will be held in strictest confidence. Thank you very much for your assistance and cooperation.

LEARNING SKILLS – describe this student's

1. Willingness to try new activities

2. Ability to focus on and complete a task

3. Ability to work in groups

4. Ability to work independently

PERSONAL SKILLS

1. Attitude towards him/herself

2. Ability to resolve conflicts

3. Ability to develop friendships

4. Ability to use criticism for growth

GENERAL OBSERVATIONS

1. Describe the student's most important accomplishments in your classroom

2. Describe the areas (academic or personal) most needing support or adult intervention

3. Describe the student's social relationships in your school community

4. Describe the family's contributions to the school community

Have you made, or do you plan to make, any recommendations for professional support or assessment?
Please comment and/or state reasons for any referrals.

Yes

No

Is English the child's primary language spoken at home?

Yes

No

If not, what language is primary? _____

IS THERE ADDITIONAL INFORMATION THAT CAN BE BETTER CONVEYED IN A PHONE CONVERSATION? If so,
please indicate the best hours to reach you and the phone number to do so at.

HOURS: _____

TELEPHONE NUMBER: _____

Additional comments or any specific areas of concern:

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The Magellan International School will abide by the confidentiality of this Recommendation Form

Signature		School Name
Your name (please print)		Full School address with zip code
Position		
Date	Phone	When did you teach the student? From _____ to _____ (month/year)

PLEASE MAIL THIS FORM TO:

**DIRECTOR OF ADMISSIONS
THE MAGELLAN INTERNATIONAL SCHOOL
P.O. BOX 500134**

AUSTIN, TX 78750