

NAME OF APPLICANT

## SANTA CLARA HIGH SCHOOL

A COLLEGE PREPARATORY HIGH SCHOOL 2121 SAVIERS ROAD - OXNARD, CALIFORNIA 93033 805.483.9502 FAX 805.486-7006 WWW.SANTACLARAHIGHSCHOOL.COM

## ENGLISH TEACHER EVALUATION

This form is to be completed by a school official and returned directly to Santa Clara High School. This CONFIDENTIAL evaluation will be used only by persons on the Admissions Committee and will not become part of the student's cumulative folder. Therefore, this form will not be open to general review and will not be forwarded to any other school or institution. Your carefully considered judgment will have a strong and direct bearing on this student's acceptance. We appreciate your honesty and your effort.

Con	fidential Commo	on Evaluation	n Form		
STUDENT RATING	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT OBSERVE
MOTIVATION:					
SENSE OF RESPONSIBILITY:					
PERSONAL RELATIONSHIPS:					
INITIATIVE AND LEADERSHIP:					
COOPERATION/EFFORT:					
GENERAL CONDUCT/BEHAVIOR:					
WORK AND STUDY HABITS:					
INTEGRITY:					
DEMONSTRATION OF FAITH:					
Briefly describe the course. For ex  How accurately does the student rea				t.	
3. Describe the student's areas of stren	ngth and growth in w	riting skills.			

4. Please mark the box that best describes your evaluation of the student in comparison to other students in his/her age group.

SKILLS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	N/A
Knowledge of basic grammar skills					
Knowledge of basic writing skills					
Accuracy in the use of basic skills					
Critical thinking ability					
Understanding of the underlying ideas and concepts					
Effort					
Overall Performance					

Overall I citorinance					
After considering this stellars?	tudent's overall pe	rformance, would	you recommend him/h	ner to be placed in	n an Honors
Yes		No			
5. Please explain any "	Below Average"	ratings:			
6. PLEASE PROVIDE THIS STUDENT:	ANY ADDITION	IAL INFORMATI	ON THAT MAY BE I	HELPFUL IN EV	'ALUATING
		RECOMMEN	NDATIONS		
Overall	Strongly Recommend	Recommend	Recommend with Reservations	Do Not Recommend	Special Circumstance
ACADEMICALLY					
OBSERVED CHARACTER					
OVERALL					
PRINTED NAME OF					
SIGNATURE REQUI	RED:			DATE:	
SCHOOL:	1		PHONE:		
SCHOOL ADDRESS	STREET		CITY	-	7ID CODE
	SIKEEI		CITY		ZIP CODE