



NORTHWEST
ACADEMY

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Teacher Evaluation

TO THE APPLICANT:

Applicant's Name: _____ Applying to Grade: _____

Instructions: Please give two evaluation forms to academic teachers, and one to a teacher, counselor or mentor. Provide the teacher with the addressed envelope, included in your application packet. As a courtesy, please provide the postage. Evaluation forms may also be faxed directly to the Director of Admissions, Lainie Ettinger, at 503-402-1043.

Parents: For the student named above, I understand that teacher recommendations are confidential. The recommendations are to be sent directly to the school, and will not be accepted unless received directly from the school. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Northwest Academy.

_____ (parent signature)

TO THE TEACHER:

Person Completing Form: _____ Subject: _____ Grade Level: _____

School: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Instructions:

We appreciate the time taken to complete our form evaluating this applicant to Northwest Academy.

Please note that the information you submit will be considered confidential.

How long have you known the applicant and in what capacity?

What are the first few words that come to mind to describe the applicant?

ACADEMIC QUALITIES

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

No Basis		Out-standing	Above Average	Average	Below Average	Comments
	Study Habits					
	Academic Skills					
	Motivation					
	Intellectual Curiosity					
	Ability to Work Independently					
	Creative Problem Solving					
	Critical and Abstract Thinking Skills					
	Ability to Work Cooperatively					
	Ability to Organize & Communicate Ideas					

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

PERSONAL QUALITIES

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

No Basis		Out-standing	Above Average	Average	Below Average	Comments
	Leadership					
	Peer Relationships					
	Sense of Humor					
	Creativity					
	Reaction to Criticism					
	Concern for Others					
	Self Confidence					
	Integrity					
	Taking Responsibility for Own Actions					
	Involvement in Activities Beyond Classroom					
	Parental Involvement and Cooperation					

ADDITIONAL INFORMATION

Please comment on the applicant’s academic and personal strengths.

Please comment on the applicant’s academic and personal weaknesses.

Please comment on your observations relative to this applicant’s learning style.

Please mention any additional information that you think might help our school make an informed decision.

If the school needs clarification, may we contact you by phone? ___ Yes ___ No

Phone Number: _____

Signature: _____ Date: _____