



# The Magnolia School

*a school for active learning*

Parent(s), please give this form to your child's current teacher or someone who has recently worked with your child in a teacher/leader capacity. The teacher will return the evaluation back to us directly.

## Teacher Evaluation

### Confidential

NAME OF SCHOOL/SETTING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

May we call you for further information? \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please describe this student's areas of strength and struggle in the following three categories:

#### 1. Social development

**2. Academic development:**

**3. Ability to work independently and productively** (grades rising 1-8 only):

Does the child require special services (e.g. tutoring, occupational therapy, speech therapy) to be successful in the classroom? ( ) Yes ( ) No If yes, please describe:

How do the student's parents or guardians relate to the school/teacher? Please comment on parental cooperation and involvement.

What three words come to mind when you think of this student?

\_\_\_\_\_

***Thank you for your assistance and honesty.***

***Please fax the completed form to (850) 386-2923, mail to The Magnolia School, 2705 W. Tharpe St., Tallahassee, FL 32303, or e-mail to [sam@themagnoliaschool.org](mailto:sam@themagnoliaschool.org).***