

THE MAGNOLIA SCHOOL



A School for Active Learning



2010-2011

**Teacher
Evaluation**

Confidential

To Parents or Guardians: Please fill in your child's name; sign the statement of permission; and deliver this form to your child's current teacher for completion.

_____ (Child's Name) is applying for admission at The Magnolia School. I give permission for the release of the following information concerning my child. I understand that this recommendation is confidential and waive my right to review its contents.

Parent's Signature: _____ **Date:** _____

NAME OF SCHOOL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

YOUR NAME: _____

How long have you known the applicant? _____

May we call you for further information? _____ **Phone Number:** _____

- 1. Please describe this student's areas of strength and areas of struggle in each of the following categories:

Social development: _____

(continued on back)

Academic development: _____

Ability to work independently and productively (grades rising 1-8 only): _____

- 2. 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:**

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

- 4. What three words come to mind when you think of this student?**

Thank you for your assistance. Please fax the completed form to (850) 386-2923 or return it via U.S. mail to: The Magnolia School, 2705 W. Tharpe St., Tallahassee, FL 32303.

