(Fax) 215.769.4063



## **Teacher Assessment**

Name of Applicant:		Applying for Grade:		
The student named above h form below and return it dire you wish to discuss this studere , sign this form and no contact you.	ectly to the schoo dent personally ra ote your telephor	ol by mail or fax. T ther than comple ne number, and th	hank you for yo ting this form, p	our assistance. If blease check
Check one rating for each a  Areas to Evaluate	Poor	Average	Good	Excellent
Academic Ability				
Academic Performance				
Motivation				
Behavior/Conduct				
Attitude/Cooperation				
Relates to Peers				
Response to Adult Authority	/			
Does the student have signiful If yes, please explain:  Is the student in good stand If no, why not?  Has there been a need for act Yes No If yes, please explain If yes, please explai	ing academically dministrative invo	and behaviorally  Ivement in discip  ?	at your school? linary action wit	res NO
Please write a brief descript this form or on a separate s		nt's character and	d academic wor	k on the back of
Name:				
Position:	School:			
Signature:	Date:			
Fairmount (Pre-k-1) The City School at Fairmount 860 N. 24th Street Philadelphia, PA 19130 (Phone) 215.769.5363	The City School a 4115 Baltimore Av	City School at Spruce Hill  Baltimore Avenue  adelphia, PA 19104  City School at Rittenhouse  315 S. 17th Street Philadelphia, PA 19103  (Phone) 215.382.7839  Rittenhouse (9-12)  The City School at Rittenhouse 315 S. 17th Street Philadelphia, PA 19103  (Phone) 215.731.1930		

(Fax) 215.382.7848

(Fax) 215.731.0515