

Educator Evaluation

Student Name:

Please give this form to an academic teacher (e.g. teacher) who has taught you for at least 6 months. Request that the teacher complete, sign and return seal of the envelope. Please bring this with you to	. Note: You may ask for a recommendation n this form to you in a sealed envelope, wit	n from a junior high school teacher.
TO BE COMF	PLETED BY AN ACADEMIC TEACHER	
1. In what context and for what length of time have	you known this student?	
2. Describe this student's behavior in the classroomindividual school work.	m with respect to authority, peers, class pa	articipation, group activities and
3. Do you know of any physical or emotional difficultanno trip?		
No: Yes: (If yes, you will t	pe called by a Sister City Association repre	esentative.)
4. If you were a chaperon on this trip, would you b	e willing to travel with this student? Ye	es: No:
5. Please check one of the following: I highly recommend this student I recommend this student I do not recommend this student I have some reservations. I would like	someone from the Sister City Association	to contact me.
ı IIA)	remarks will be kept confidential)	
Teacher Name (please print):	Subject taught:	
Teacher Signature:	Date: Pho	one: ()