Memorial English Teacher Evaluation Form

Student: Please give this form to your current English teacher.

Teacher: The student named below has applied for admission to San Joaquin Memorial High School and requests that you complete this recommendation form on his/her behalf. The student’s parents have signed a waiver and your remarks will remain confidential. The Admissions Committee greatly appreciates your cooperation and candor. Please return this form to the address listed above by June 15th for the Fall Semester and October 15th for the Spring Semester. Thank you.

Student’s Name

________________________________________

Current School

________________________________________

Please rate this student in the following categories.

(1 = Below Average, 5 = Outstanding)

Academic Ability
1 2 3 4 5

Academic Performance
1 2 3 4 5

Effort
1 2 3 4 5

Responsibility Towards Assignments
1 2 3 4 5

Ability to Work With Others
1 2 3 4 5

Participation in School Community
1 2 3 4 5
Interpersonal Relationships

Parental Participation

Recommendation (Please Check One)

☐ Strongly Recommend
☐ Recommend
☐ Recommend With Reservations
☐ Do Not Recommend

Please answer the following questions.

1. How long have you known the student academically?

___________________________________________________________________________________

2. How long have you known the student personally?

_______________________________________________________________________________

3. What are three words you would use to describe the student?
   a. ______________________ b. _____________________ c._______________________

4. Briefly describe your course.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

5. Please rate the student’s reading comprehension, writing, and speaking skills.

Reading Comprehension  Writing  Speaking
☐ Excellent   ☐ Excellent   ☐ Excellent
☐ Good        ☐ Good        ☐ Good
☐ Fair        ☐ Fair        ☐ Fair
6. Please elaborate on the applicant’s strengths and weaknesses in the classroom.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

7. Please elaborate on the student’s extracurricular activities and interests.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

8. Please add any additional information that will provide a more complete picture of the applicant.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Thank you for your assistance in the application process!

______________________________   ______________________________
Teacher Name                          Date

______________________________   ______________________________
Signature                           Email

______________________________
Mailing address

______________________________
Telephone

Please mail or fax completed form to:

San Joaquin Memorial High School
Attn: Felix Lugo, Director of International Student Program
1406 N. Fresno St.
Fresno, CA 93703
U.S.A.

Fax: 001 (559) 268-1351

San Joaquin Memorial High School admits students of any race, color, religion, national and ethnic origin and accords them all the rights, privileges and activities generally made available to students at the school. The school does not discriminate on the basis of race, color, religion, national and ethnic origin in the administration of its policies or programs.