



**WICHITA  
COLLEGIATE  
SCHOOL**

Please mail or fax directly from teacher to:

Susie Steed, Director of Admissions  
Wichita Collegiate School  
Post Office Box 782768  
Wichita, KS 67278-2768

Phone (316) 634-0433, x. 203  
Fax: (316) 634-0598

**CONFIDENTIAL TEACHER'S EVALUATION FORM**

Applicant's name \_\_\_\_\_ Applying for grade \_\_\_\_\_  
Applying for school year beginning \_\_\_\_\_

**Parent or Guardian:** Please fill out the above information, and read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also understand that this completed form will not be available to candidates or parents, and I waive any right that I may have to see it.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Teacher:** Please assess the above-named student as compared with peers at current school and return the form by mail or fax to WCS. This student has been enrolled in this school for \_\_\_\_ years. I have known him / her for \_\_\_\_ years.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City State

\_\_\_\_\_  
Zip Code

Academic Performance	Superior	Good	Average	Below Average	Poor
Language Arts					
Reading Skills					
Writing Skills					
Mathematics					
Facts / Computation Skills					
Concepts / Problem Solving					

Name, Level, and Publisher of Math Textbook Used by Student:

Comments

Has outside help been recommended? Been given? By Whom? Please elaborate.

(Please see other side.)

<b>Study Habits</b>	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
Ability to work independently					
Completes work on time					
Organization / Care of materials					
Attendance					
Comments:					
<b>Personal Characteristics</b>	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
Peer Relationships					
Attitude toward faculty / staff					
Assumption of responsibility					
Citizenship					
Conduct					
Comments:					

**Please make brief comments on the following:**

1. Please share with us this student's special talents and strengths:
  
2. Does the student have any special academic challenges or needs about which it would be helpful to know and address? Please explain:
  
3. Please characterize the parental expectations of their child and the school:
  
4. Has outside professional assessment or support been recommended? Been given?  
Please elaborate:
  
5. Please include other pertinent information...

**Note: If student is attending a non-public school, the following information must be supplied by the Financial Officer or the Head of the School:**

*This candidate has fulfilled all financial obligations to this school and is current on tuition payments.*

\_\_\_\_\_  
Signature of School Head or Financial Officer

\_\_\_\_\_  
Name of School

**Wichita Collegiate School greatly appreciates the time you have taken in completing this form. Your observations are crucial to our assessment process. Be assured that your responses will be held in complete confidence.**