

1st – 5th Grade Confidential Teacher Evaluation

Parents: Please complete the applicant information and forward this document to your child's teacher. This evaluation is confidential and will only be released to the admissions committee of All Saints Catholic School.

Signature of Parent or Guardian:

Name of Applicant: Grade for which applying:

Dear School Official/Teacher: The student listed above is applying for admission to All Saints Catholic School in Dallas, TX. This is a confidential recommendation. If you do not wish to complete this form, but would be willing to discuss the student personally, please sign and list a contact phone number or your email address. If you have any questions, please contact the Admissions Coordinator, Viviana Stanford, at 214.217.3303.

Area	Excellent	Good	Satisfactory	Marginal	Not Observed
Academic Ability					
Work and Study Habits					
Integrity					
Conduct					
Motivation					
Peer Relations					
Attitude/ Cooperation					
Maturity					
Overall Rating					

Is this student in good standing and eligible to return for the next grade level? Yes No

Please use this space for any additional comments.

Applicant's Current Scho	pol	
Number of Years Attend	edI have known the Applicant for	years.
Print Teacher's Name		
Teacher's Position		
Teacher's Signature	Date:	

School Officials, please send the evaluation form directly to our Admissions Office.

Mail: 7777 Osage Plaza Pkwy, Dallas, TX 75252 Email: VStanford@AllSaintsK8.org Phone: 214.217.3303 Fax:214.217.3339

Thank you for your assistance.

All Saints Catholic School Admissions Office