



**Horizons at The Ethel Walker School
2021 Teacher Evaluation
Deadline: February 26, 2021**

Parent/Guardian: Please fill out the top portion of this form and give to your Horizons student's teacher for completion. The teacher will be responsible for returning this form to Horizons at The Ethel Walker School or scan to phyatt@my.ethelwalker.org.

Student Name (please print) _____

2020-21 Grade _____ **School** _____

The above-named student is a student in the Horizons Student Enrichment Program at The Ethel Walker School. I authorize you to exchange information with Horizons at Walker's concerning my child as specified: I give permission for the release of my child's records, including standardized tests (aptitude and achievement), current classroom grades or/and evaluations, teacher observations, and results of education, developmental and/or psychological evaluations. I understand that any information provided will become the confidential property of Horizons at The Ethel Walker School.

Parent Signature _____

Parent Name (please print) _____

Teacher: Thank you for taking the time to complete this assessment. This student is enrolled in the Horizons Student Enrichment Program at The Ethel Walker School, a summer and school year academic program designed to help students in Hartford public schools improve their reading, writing, and math skills. We provide instruction with a small student to staff ratio and can therefore accommodate most individual academic needs. All Horizons students also learn to swim and participate in a variety of enrichment activities, including LEGO/STEAM, music, art, and weekly field trips.

Your evaluation of this student will be of great assistance to us. Please answer in a way that gives us as much information as possible about the student's performance, talents, and challenges. If you have any questions, please contact the Executive Director, Princess Hyatt at (860) 408-4236 or phyatt@my.ethelwalker.org You can also learn more about Horizons at The Ethel Walker School by visiting our website, www.horizonsethelwalker.org.

Please return to the main office when completed by the Teacher.

Evaluation

Please rate this student in the following areas.

| | <i>Above Grade Level</i> | | | <i>Below Grade Level</i> | |
|-------------|--------------------------|------------------|---------|--------------------------|-------|
| | Excellent | Above Average | Average | Needs Improvement | Weak |
| Reading | _____ | _____ | _____ | _____ | _____ |
| Mathematics | _____ | _____ | _____ | _____ | _____ |
| Writing | _____ | _____ | _____ | _____ | _____ |
| Science | _____ | _____ | _____ | _____ | _____ |

Please rate this student in the following categories.

| | All the time | Most of the time | Sometimes | Never |
|---|--------------|------------------|-----------|-------|
| Works on task until finished | _____ | _____ | _____ | _____ |
| Keeps working on activities even if difficult | _____ | _____ | _____ | _____ |
| Waits in line patiently | _____ | _____ | _____ | _____ |
| Sits still when supposed to | _____ | _____ | _____ | _____ |
| Waits for what she wants | _____ | _____ | _____ | _____ |
| Focuses on task until done | _____ | _____ | _____ | _____ |
| Works well with peers | _____ | _____ | _____ | _____ |
| Resolves problems without becoming aggressive | _____ | _____ | _____ | _____ |

Please return to the main office when completed by the Teacher.



Thoughtful of others' feelings

Cooperates with peers without prompting

Resolves problems with peers on her own

Does this student receive Special Education during the school year? ____yes ____no

Does this student receive ESL services? ____yes ____no

Is this student being recommended for summer school? ____yes ____no

Is this student a candidate for retention? ____yes ____no

Please provide the following information for the student, if applicable.

DRA, F&P or other reading level assessment January Benchmark _____

Student Benchmark _____

SRBI Intervention Tier (please circle) Tier I Tier II Tear III

Please provide any other information that you think would allow us to better serve her needs.

Teacher Name _____ Date _____

Signature _____

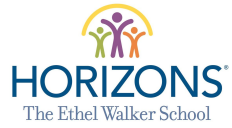
Email _____ Phone _____

May we contact you? Under certain circumstances during our summer program, it may be extremely helpful to Horizons teachers to obtain your insights on this student. Please indicate below if you are will to do so.

_____ I will be available to discuss this student.

In the summer, I prefer to be contacted by:

Please return to the main office when completed by the Teacher.



_____ Email: _____

_____ Phone: _____

_____ I will not be available to discuss this student.

Thank you very much for your assistance!