



**Horizons at The Ethel Walker School
2022 Teacher Evaluation
Deadline: February 26, 2022**

Parent/Guardian: Please fill out the top portion of this form and give it 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) _____

2021-22 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

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	_____	_____	_____	_____
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 Tier III

Please provide any other information that you think would allow us to better serve her needs. (Has your student had any behavioral issues or challenges? Has your student received tutoring or additional assignment assistance? Anything you want to include?)

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.

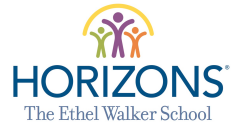
In the summer, I prefer to be contacted by:

____ Email: _____

____ Phone: _____

_____ I will not be available to discuss this student.

**Please return to the main office when completed or scan to
phyatt@my.ethelwalker.org**



Thank you very much for your assistance!

**Please return to the main office when completed or scan to
phyatt@my.ethelwalker.org**