



Horizons at The Ethel Walker School 2024 Elementary Teacher Evaluation

Parent/Guardian: Please fill out the top portion of this letter and give it, along with the attached teacher evaluation form, to your student's current school year teacher for completion. The teacher will be responsible for returning the completed form to the Horizons office directly. (For Jumoke and MD Fox students, teachers will return forms to assigned school staff.)

Student Name (please print) _____

2023-24 Grade _____ School _____

The above-named student is applying for the Horizons Program at The Ethel Walker School. I authorize you to exchange information with Horizons at The Ethel Walker School 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 educational, 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) _____

Date _____

Teacher: This student is applying for the Horizons summer program at the Ethel Walker School for 2024. Our six-week, full day program for girls from PreK-8th grade provides instruction in math, literacy, writing and science as well as enrichment opportunities through a variety of activities (e.g. STEAM, music, art and dance). We also offer swimming instruction and weekly field trips. Your evaluation of this student will be of great assistance in helping us best serve her individual needs.

Please scan and email the form to: horizons_ews@my.ethelwalker.org or mail to Horizons at the Ethel Walker School, 230 Bushy Hill Rd, Simsbury, CT 06070

If you have any questions please contact the Horizons office at (860) 408-4236 or email the Executive Director (Carol Ross) at cross@horizons.ethelwalker.org You may get more information about our program by visiting our website: horizonsethelwalker.org

Thank you for taking the time to complete this assessment.



Carol Ross

Carol Ross P'18, '19
Executive Director of
Horizons at The Ethel Walker School

Elementary Student Update

Student Name: _____ Grade Level: _____ School: _____

Special Services the Student Receives (circle all that apply)

IEP 504 ESL Speech Social Work None

Is this child receiving intervention?

Reading Math Speech Behavior

Is this student a candidate for retention? Yes No

Academics

	Above Grade Level	On Grade Level	Below Grade Level	SPED Services
Reading				
Phonics				
Writing				
Math				
Science				

Social Emotional/Behavior (as appropriate for their age)

	All the Time	Most of the Time	Sometimes	Never
Show kindness to others				
Is honest and truthful				
Works cooperatively with others				
Is respectful				
Demonstrates responsibility				
Shows perseverance				
Is able to resolve peer conflicts				
Advocates for themselves				

Teacher Name: _____ Teacher Email: _____

Teacher Phone Number: _____

May we contact you during the summer if any concerns arise? Yes No

Please provide the following information for this student.

One Strength: _____

One Area of Growth: _____

Any other information that you think would allow us to better serve her needs:
