



## Horizons at The Ethel Walker School 2024 Middle School 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 complete this form and return to the Horizons office before March 1, 2024. Please scan and email the form to: [horizons\\_ews@my.ethelwalker.org](mailto: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](mailto:cross@horizons.ethelwalker.org) You may get more information about our program by visiting our website: [horizonsethelwalker.org](http://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

## Middle School 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

Academics

	Above Grade Level	On Grade Level	Below Grade Level	SPED Services
ELA				
Math				
Science				
Social Studies				

Conduct/Work Habits (as appropriate for their age)

	All the Time	Most of the Time	Sometimes	Never
Respectful of adults and peers				
Works well with others				
Shows a positive attitude				
Accepts responsibility for actions				
Participates in class				
Follows directions				
Listens attentively				
Completes assignments on time				
Works to the best of their ability				

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:

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