



**COLUMBIA INDEPENDENT SCHOOL**  
**Supplemental Form 3: Lower School Teacher Evaluation**  
*Confidential*

**Parent of the applicant:** The upper portion of this form is to be completed by the parent or guardian of the applicant. The entire form is then to be given to the applicant's current/most recent teacher.

Name of applicant: \_\_\_\_\_

Present grade: \_\_\_\_\_ School now attending/last attended: \_\_\_\_\_

Current/Most Recent Teacher: \_\_\_\_\_  
NAME POSITION

SCHOOL ADDRESS CITY STATE ZIP PHONE NUMBER

I hereby give permission to the teacher I have listed above to complete this recommendation for Columbia Independent School on behalf of my son/daughter. I waive my right to access this recommendation.

\_\_\_\_\_  
PARENT'S/GUARDIAN'S SIGNATURE DATE

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**Current/Most Recent Teacher of the applicant:** The student above is applying for admission to Columbia Independent School. Because we believe the academic and personal credentials of each applicant are key components of the admissions process, we value the information you provide.

Please send the completed teacher recommendation directly to Columbia Independent School. We also accept faxed forms at 573-777-9251 or email at [admissions@cislions.org](mailto:admissions@cislions.org). If you have any questions, please call 573-777-9257.

Columbia Independent School  
Attention: Admissions Office  
1801 N. Stadium Blvd.  
Columbia, MO 65202

For how long have you known this child? \_\_\_\_\_ In what capacity? \_\_\_\_\_

How many students are in the class? \_\_\_\_\_

What are the first words that come to mind when describing this student?

\_\_\_\_\_  
\_\_\_\_\_

What are this student's special interests or abilities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The items on the back of this sheet ask for your sense of this student's relationships within the school community, emotional and social growth, and intellectual development. Your insight will help us to know this student. We understand the difficulty in evaluating a student, and we are aware that students are constantly growing, changing, and developing.

Please rate this student on the scale below as it relates to each category according to your understanding of the student.

<i><b>Social/Emotional Development</b></i>	<b>Excellent (Top 10%)</b>	<b>Good</b>	<b>Fair</b>	<b>Needs Improvement</b>
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Academic Development***

Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to seek help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reading level scale used: \_\_\_\_\_

***Math Skills***

Computational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make connections between concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Math curriculum: \_\_\_\_\_

***Family***

Support for the student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership with the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We welcome any additional information you believe would be helpful in the admissions process, especially if there are any areas ranked as “Fair” or “Needs Improvement.”

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**OVERALL ASSESSMENT**

	Recommend <i>without</i> Reservation	Strongly Recommend	Recommend	Recommend <i>with</i> Reservation	Not Recommended
Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>