

Desert Springs Christian Academy

Confidential Teacher Evaluation *(Please obtain from current teacher.)*

Student's Name: _____

Name of School: _____

Teacher's Name: _____

How long have you known this student? _____

In which grade and/or which subject(s) did you teach this student? _____

Please rate the student in each of the areas below:

Expectation	Rating 1 – 5 (5 excellent)	Comment
Work ethic	1 2 3 4 5	
Attendance	1 2 3 4 5	
Classroom behavior	1 2 3 4 5	
Potential to meet high expectations	1 2 3 4 5	

Please share your opinions of the child's strengths and weaknesses—particularly as it relates to the child's character and classroom/playground conduct.

Teacher's Signature: _____ Date: _____

Please place this recommendation in a sealed envelope and return to student or mail it directly to:

**Desert Springs Christian Academy
210 S. Nevarez St.
Las Cruces, NM 88001**