



## STUDENT EVALUATION REQUEST

Dear Parents,

Please complete the following section and give this form to your child's current **English** and **Math** teachers with an envelope addressed to Brookwood School, Admissions Office, One Brookwood Road, Manchester, MA 01944. It can also be emailed to [admissions@brookwood.edu](mailto:admissions@brookwood.edu). Please ask your child's teachers to return this to Brookwood **no later than February 1**.

Student's Name: \_\_\_\_\_

Current Teacher's Name(s): \_\_\_\_\_

By signing this form, you are giving permission for Brookwood's Admissions Office to keep a digital copy of these forms on GSuite as well as allow for follow-up conversations or classroom observations that may be necessary for the completion of your child's application. Should you have any questions or concerns, please contact the Admissions Office directly.

Parent Signature: \_\_\_\_\_

\*\*\*\*\*

Dear Teacher,

Thank you for completing the attached confidential Student Evaluation form(s) for the applicant named above and returning it to Brookwood School in the envelope provided or emailing it to [admissions@brookwood.edu](mailto:admissions@brookwood.edu) **by February 1**. We recommend keeping a copy of it in case for some reason it doesn't get to us.

Teacher input is a valuable part of the admissions process at Brookwood School and we very much appreciate your confidential input on behalf of this candidate. All materials submitted to Brookwood are considered confidential communications and are only reviewed by the Admissions Committee. If you have any questions or concerns, please feel free to call me at 978-526-4500. Thank you for your time and candor.

Sincerely,

Lindsay C. Murphy  
Director of Admissions



BROOKWOOD  
SCHOOL

## REMOTE LEARNING EVALUATION

NAME OF STUDENT \_\_\_\_\_ GRADE APPLYING TO \_\_\_\_\_

Brookwood School realizes that the remote-learning experience can vary widely. If this student is engaged in remote learning, please provide the following information:

1. How long have you known this student and how long has this student been engaged in an online format?
2. What online platform(s) is/are being used for remote learning?
3. How has the student responded to online learning?
4. What strengths has the student exhibited in the online learning environment?
5. What have been some challenges for the student in this environment?

Remote Learning Instructor name \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Remote Learning Instructor Email \_\_\_\_\_



Please send this form to the school to which the student is applying.

MATH STUDENT EVALUATION

For students entering grades six through twelve

TO THE TEACHER: We appreciate your cooperation and candor in completing this form. It provides one way of getting to know the student and is reviewed with the full awareness that students are constantly changing and developing. Please note that we place particular value on your observations of academic ability, motivation, classroom behavior, and your descriptive comments in each area. This evaluation will be kept in strict confidence, will be reviewed only by the admission committee and will not become part of the student's permanent record. Your insights will be used solely to help inform a thoughtful admission decision which will result in the best placement for each applicant.

Section I: APPLICANT INFORMATION

Name of student \_\_\_\_\_ Current grade level \_\_\_\_\_

I have known this candidate for \_\_\_ years \_\_\_ months. Number of students in class \_\_\_ Is student generally on time for class \_\_\_\_\_

What are the first three words that come to mind to describe this candidate \_\_\_\_\_

Section II: COURSE DESCRIPTION

Course title \_\_\_\_\_ Course level:  Standard  Advanced  N/A

If course is leveled, please briefly explain how mathematics is sectioned in this grade \_\_\_\_\_

Texts used \_\_\_\_\_ Chapters covered thus far \_\_\_\_\_

What additional tools, if any, are used in your program (computers, calculators, manipulatives, etc.) \_\_\_\_\_

How often and for how long does the class meet \_\_\_\_\_

To the best of your knowledge, if the student missed a problem, it would have been caused by:

lack of effort  problem too difficult  misreading a question  carelessness  rarely an issue with this student

other, please explain \_\_\_\_\_

Section III: CHARACTER AND PERSONALITY TRAITS (Please circle best descriptor) Comments

Table with 6 columns: Trait, consistently, usually, occasionally, seldom, and Comments. Rows include traits like integrity, respect, social relationship, leadership, emotional stability, response to advice, self-confidence, sense of humor, self-control, and interaction with teacher/adults.

**Section IV: MATHEMATIC SKILLS** *(Please √ best descriptor)*

	Outstanding	Above average	Average	Below average	No basis for judgment	Comments
<b>Facility with:</b>						
addition/subtraction						
multiplication						
division						
fractions						
decimals						
percents						
perimeter						
area						
place value						
positive/negative numbers						
Integers						
<b>Reasoning skills:</b>						
algebraic						
proportional						
number sense						
estimation						
geometric						
Accuracy of computation						
Problem solving ability						
Solving non-routine problems						
Facility with tools/technology						

Additional skills covered that are not listed above:

---



---



---



---

**Section V: ACADEMIC ASSESSMENT** *(Please √ best descriptor)*

	Outstanding	Above average	Average	Below average	No basis for judgment	Comments
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Self-motivation/initiative						
Creativity						
Willingness to take intellectual risks						
Prepared for class						
Commitment to homework						
Participation in class						
Quality of class notes						
Ability to express ideas orally						
Ability to express ideas in writing						
Ability to work independently						
Ability to work in small groups						
Respect accorded by faculty						
Respect accorded by peers						
Overall evaluation as a student						

**Section VI: PARENT AND FAMILY INFORMATION**

Has/have the parent/s of this student been:	Consistently	Usually	Occasionally	Seldom	Comments
Supportive of the student's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the student compatible with the school's understanding of the student					

**Section VII: Closing**

Please comment on this student's ability to meet the expectations of your school. Have you adjusted your program to accommodate the needs or abilities of this student?

---



---



---



---

What would be the next course recommended for this student \_\_\_\_\_

**In comparison with other students you have taught, how would you recommend this applicant for admission:**

	Enthusiastically	Strongly	With reservation	Not recommended
Academically				
Personally				
Overall recommendation				

Your name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

School Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Please feel free to include any additional information such as commendations, accomplishments, or outside support/enrichment that will offer a more complete picture of this applicant. You may use the space provided on the back of this form or attach additional sheets. If you would prefer to discuss this applicant by phone, please let us know a convenient time to call.

Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Best time to call \_\_\_\_\_

*Thank you for your candor and your thoughtful insights*

**Please send this form to the school to which the student is applying.**

**Additional Comments**