



Horizons at Norwalk Community College
Teacher/Guidance Counselor/Social Worker
Student Evaluation Form

To the teacher, guidance counselor, and/or social worker (if applicable): Please complete this form for Horizons at Norwalk Community College. Your comments will be held in the strictest confidence. Thank you very much.

Name of applicant:	School:	Current Grade: _____
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In comparison to the applicant's peers, please indicate the category that best applies in each area:

ACADEMIC DEVELOPMENT:

Below Grade Level

At Grade Level

Above Grade Level

Reading/Literacy:

- | | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Decoding Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Math:

- | | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Computation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluency with Math facts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem Solving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Language:

- | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Oral Expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocabulary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attention Span

Motivation

Study habits/Quality of work

Executive Functioning

Overall achievement

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SOCIAL/EMOTIONAL DEVELOPMENT:

Below Grade Level

At Grade Level

Above Grade Level

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Emotional/Personal Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for others/Consideration of others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability/Resiliency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Curiosity/Imagination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-discipline/Impulse Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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Please comment:

1. Emotional development (self-image, acceptance of limits/routines, ability to make transitions, conflict resolution, resiliency, tolerance of frustration):
2. Social maturity (cooperation, respect for the rights of others, willingness to share):
3. Personal qualities (leadership, character, honesty, sense of humor, responsibility):
4. Academic development: Please define areas of academic strength and weakness. Please let us know about any ESL classes, learning challenges or special education testing. Does this student have an IEP/504? (Please include a copy with parents' permission)
5. Behavior: Please describe areas of strength and weakness. How does the applicant handle conflict and/or disappointment? (Awareness of social/physical boundaries, Verbal/Nonverbal behaviors, Body language)
6. Special interests or talents:
7. Student attendance and reasons student might have missed school:
8. Parent cooperation and involvement:



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Your name (please print) _____

School _____ Position _____

Please return completed form to:

Email: kmarin@horizonsncc.org

Or

Mailing Address: Horizons at NCC, P.O. Box 244, Norwalk, CT 06853