



SUMMER@CARROLL

High School Readiness Program Language Arts Teacher Evaluation Form

Parents: Please give this form to your child's current teacher. **Please be sure to fill in the student's name.**

Dear Teacher,

_____ is applying for High School Readiness Program, a five week
(Student Name)
writing and study skills program designed for students entering Grades 8-9 in the fall. The information requested below will be very helpful in determining if our program can meet the needs of this child. It will also help us to group students. All information will be held in the strictest confidence.

Please feel free to contact the Summer@Carroll Office with questions at 781-259-8342 ext 3031.

Teacher Name _____ School _____

Telephone Number _____

How long have you known this student? Years _____ Months _____

In describing this student, what are the first few words that come to your mind?

In what area(s) does the student experience academic success and frustration? **Please be specific.**



SUMMER@CARROLL

High School Readiness Program Math Teacher Evaluation Form

Parents: Please give this form to your child's current teacher. **Please be sure to fill in the student's name.**

Dear Teacher,

_____ is applying for High School Readiness Program, a five week
(Student Name)
writing and study skills program designed for students entering Grades 8-9 in the fall. The information requested below will be very helpful in determining if our program can meet the needs of this child. It will also help us to group students. All information will be held in the strictest confidence.

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Teacher Name _____ School _____

Telephone Number _____

How long have you known this student? Years _____ Months _____

In describing this student, what are the first few words that come to your mind?

In what area(s) does the student experience academic success and frustration? **Please be specific.**
