



Teacher Evaluation Form

Horizons at Dedham Country Day School

Student Name: _____ Current Grade: _____

Horizons is an academic enrichment program that strives to close the opportunity gap and serves Scholars from communities deeply impacted by educational inequities. Scholars will work for 6 weeks in the summer in a project based learning environment strengthening reading, writing and math skills.

We will not accept this form from parents, this must come directly from the classroom teacher.

Teachers: Please print this form, complete it and email it back to Horizons@dcds.net before March 1, 2024.

1. How long have you known this Scholar? _____

2. What are the first three words that come to mind to describe this Scholar?

3. In the following section please evaluate the candidate in relation to other students of the same grade you have taught. Please write as much as possible so we can get to know this student better.

Consideration of Others

Demonstrates Creativity

Social Relationship with Peers

Seeks Help When Needed

Self-Control

Responds Positively to Suggestions/Requests

Interaction with Teacher/Adults

Moves Easily from One Activity/Space to Another

Follows Directions

Problem-Solving Skills

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Works Well in Small Groups

Willingness to take Risks

Self Regulation Skills

Level of Motivation

4. In the following section, please evaluate the family in relation to other families of the same grade you have had. Please select the appropriate box for each item below.

Supportive of You as a Teacher

Responsive to Suggestions/Guidance

Supportive of the Student's Experience

Parental Perception of Student Compatible
with School's Understanding of the Student

Supportive of Your School's Programs/Routines

Easy to get a hold of parent(s)

5. On a scale of 0 - 10, rate this student on being a positive member of the community?

6. Would you recommend this student to Horizons at Dedham Country Day School?

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7. Please list any support that the student receives outside of your classroom (ex. reading, math small groups, OT, speech, school counseling services, ESL/ELL).

8. Please list any specific tools or resources that this student utilizes successfully (academic or SEL). You are welcome to share any PDFs or documents with horizonsSEL@dcds.net.

9. What is the best way to contact this students home--email or phone?

I hereby state that I have filled out this evaluation form to the best of my ability.

Relationship to Student: _____

Signature: _____

Full Name: _____

Date: _____

Thank you,
Horizons at Dedham Country Day