

CONFIDENTIAL TEACHER OBSERVATION

This form should be given to your child's present teacher to respond to the information requested.

_____ is an applicant to Wellington Hall Academy.

The information provided will be used as part of the admission process and will not be included in the student's Ontario Student Record file. Please Mail or fax this form directly to Wellington Hall.

On behalf of the applicant and Wellington Hall Academy, thank you for your time, effort and frankness.

Name of Individual completing form:

School Name: _____ Completion Date:

How long have you known the individual? _____ In what capacity?

Please rate the following areas.

	Excellent	Good	Average	Below Average	Unable to Judge
Academic Achievement					
Mathematic Ability					
Reading Ability					
Reading Grade Level					
Written Expression					
Oral Expression					

Task Completion					
Intellectual Capacity					
Work Habits					
Motivation/Initiative					

Relationship with peers					
Relationship with adults					
Self discipline/ self control					
Positive self concept					
Emotional maturity					
Integrity					
Overall conduct					

Please comment on the following:

Academic Strengths _____

Academic Weaknesses _____

1. Has this student been recommended for psychological assessment for a learning disability?

Was testing completed? _____

2. Does the student participate in any special or withdrawal programs such as remedial, enriched or gifted? _____

3. Has the student been the subject of major or ongoing disciplinary action? _____

If yes, please explain. _____

4. In what areas would you suggest the student would benefit from additional help or encouragement? _____

5. Is the candidate an enthusiastic participant in school programs? _____

What activities does the candidate participate in? _____

6. How would you describe this individual? _____

7. Additional comments may be provided below or via telephone.
