בס"ד

United Lubavitcher Yeshiva Ocean Parkway

Confidential Teacher Evaluation Form

	1 Weak	2 Minimal	3 Adequate	4 High	5 Exceptional	Comments
הרגש / Excitement for יידישקייט	☐	☐	☐	☐	☐	
הידור מצווה	☐	☐	☐	☐	☐	
Adherence to חב"ד מנהגים	☐	☐	☐	☐	☐	
הנהגה / Behavior	☐	☐	☐	☐	☐	
Interest / Curiosity for learning	☐	☐	☐	☐	☐	
התמדה Work ethic	☐	☐	☐	☐	☐	
Following instructions	☐	☐	☐	☐	☐	
Has a stable and supportive home life	☐	☐	☐	☐	☐	
דרך ארץ for teachers	☐	☐	☐	☐	☐	
דרך ארץ for peers	☐	☐	☐	☐	☐	
Honesty	☐	☐	☐	☐	☐	
Sensitivity / Compassionate to others	☐	☐	☐	☐	☐	
On class learning level	☐	☐	☐	☐	☐	
Maturity	☐	☐	☐	☐	☐	

This form is to be filled out by the applicant's teachers. One form per teacher please.
Please do not share the results with the applicant's parents.
Please fax the results to 646 681 2060 or email principal@ulyop.com

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Confidential Teacher Evaluation Form

Student Name: _____

Teacher Name: _____

Grade: _____ Subjects: _____

Student Strength:

_____

_____

_____

Student weakness:

_____

_____

_____

Overall comments:

_____

_____

_____

_____

_____

Teacher's Signature: _____ Date: _____