



Grade Applying For: \_\_\_\_\_

Scholar's Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST JR., ETC.

**Section IV. Confidential Teacher Evaluation (1 of 3)**  
**Applicant Family**

Please submit this form to the scholar's current homeroom teacher, allowing time for completion and return. Please make every effort to return your paperwork in a timely manner. *I waive my right of access and that of my child to this teacher evaluation form. I understand that its content will not be made available by either the referring or receiving school.*

\_\_\_\_\_

\_\_\_\_\_

*Parent/Guardian Signature  
(required prior to completion of this form)*

*Date Signed*

**Current Homeroom Teacher**

The above-named student is applying for admissions to the University of Dreams Leadership & Arts Academy. As part of the admission process, please assess the student as compared with his or her peers. Please be assured that all of the information you provide will be held in strict confidence. The applicant's family has waived their rights of access to this evaluation form's content upon submitting their application.

**Submission Options:**

- 1) Print, Complete, Scan and Email this form to [admissions@universityofdreams.org](mailto:admissions@universityofdreams.org)
- 2) Mail the original application to the University of Dreams ATTN: UofD Admissions Office  
7710 S. Westmoreland Rd, Dallas, TX 75237. *(Be sure to keep a copy for your records.)*
- 3) In-person submission: Information should be in a sealed 9x12 or 10x13 envelope with the receptionist located at 7710 S. Westmoreland Rd, Dallas, TX 75237. ATTN: UofD Admission Office

Your time and efforts are appreciated. Thank you so much! 😊



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**Section IV. Confidential Teacher Evaluation (2 of 3)**

1. Please check all words that best describe the scholar's consistent demeanor on most days:

- Motivated                       Social                               Cooperative                       Anxious
- Assertive                         Delightful                         Shy                                 Follower
- Honest                             Conscientious                     Aggressive                       Inspiring
- Manipulative                     Disobedient                       Cheerful                         Confident
- Independent                     Leader                             Perfectionist                     Self-Disciplined
- Humorous                         Kind/Courteous                     Responsible                       Other: \_\_\_\_\_

2. What have you discovered to be this scholar's strengths and weaknesses? (List at least 3 each)

STRENGTHS:

WEAKNESSES:

3. Has outside counseling, enrichment, tutoring or testing of any kind been recommended? YES NO  
If yes, please elaborate specifically.

4. Please describe the parent(s) expectations, support and attitude toward the scholar and the school.



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**Section IV. Confidential Teacher Evaluation (3 of 3)**

We value your educational perspective. Please select one (1) of the following statements:

Regarding the above-named scholar, my educational opinion is he/she comes:

- Highly Recommended
- Recommended
- Recommended **BUT** with reservations because of  behavior  academics  parent issues  testing needed
- NOT** Recommended, unfortunately, because of  behavior  academics  parent issues  testing needed

Please elaborate on your choice, if you desire:

\_\_\_\_\_  
\_\_\_\_\_

Please write in PRINT the following:

TEACHER NAME	SCHOOL NAME
COURSE/SUBJECT TAUGHT	# YRS TEACHING THIS SCHOLAR
TEACHER PHONE	TEACHER EMAIL
TEACHER SIGNATURE	DATE SIGNED

ATTN: HOMEROOM TEACHER: May we contact you, if needed?  YES  NO