

Sample School District
ENGLISH to SPEAKERS of OTHER LANGUAGES PROGRAM
EVALUATION of CLASSROOM PERFORMANCE

Student Name _____ Grade _____ Date _____

School _____ ESOL Teacher _____

How many years has the student participated in the ESOL Program? _____

Other ESOL Programs: _____

Instructions to the Classroom Teacher:

The above student is being considered for exit from the ESOL program. To help evaluate the student's overall achievement, please use the following scale to rate the student's performance in your class.

Category 1: Ability to Learn Course Content

Rate the student on the ability to master the content of the course you teach, regardless of the reasons.

1	2	3	4	5
(Unable)		(Average)		(Very capable)

Comments: _____

Category 2: Academic Performance

Rate the student's performance in class compared with English-speaking students and reflected by grades received during the year.

1	2	3	4	5
(Unsatisfactory)		(Average)		(Excellent)

Comments: _____

Category 3: Study Habits

Rate the study habits which the student uses in your class. Does the student bring the necessary books and other materials to class? Does the student begin work promptly, listen attentively to instructions, follow directions carefully, and complete assigned tasks punctually? Does the student work independently?

1	2	3	4	5
(No effort)		(Average)		(Highly motivated)

Comments: _____

Category 4: Class Participation

Rate the student's participation in class activities and discussions.

1 2 3 4 5
(Minimal) (Average) (Active)

Comments: _____

Category 5: Communication with Teacher

Rate the student's skill in communicating with you.

1 2 3 4 5
(Weak) (Average) (Highly articulate)

Comments: _____

Category 6: Communication with Peers

Rate the student's skill in communicating with classmates.

1 2 3 4 5
(Weak) (Average) (Highly articulate)

Comments: _____

Prediction of Success

Predict the student's chances for success in regular classes if he or she receives no additional help in learning English as an additional language.

1 2 3 4 5
Unlikely (Likely) (Excellent)

Would you recommend the student for other special services? Yes ____ No ____

Service(s) recommended _____

Comments: _____

Signature of Teacher

Class

Date