



Bishop Foley Catholic High School

International Student ENGLISH TEACHER ASSESSMENT FORM

STUDENT NAME AS SHOWN ON PASSPORT _____
Last Name (family name) First Name (given name) Middle Name

STUDENT PREFERRED NAME _____ BIRTH DATE _____/_____/_____ Male Female

Applicant: The remaining information must be completed by the appropriate teacher at your current school. Please give your teacher the application deadline.

TO THE APPROPRIATE TEACHER FOR ASSESSING ENGLISH MASTERY

Please complete and sign this English Teacher Assessment Form. Information you provide will be kept confidential and will not become part of the student's school record. Your signature confirms you completed the form and provided accurate information to the best of your ability. If you have questions, contact the Admissions Director, Trevor Tyle, at 248.658.2038 or tyle@bishopfoley.org.

TEACHER NAME _____ SUBJECT/GRADE YOU TEACH _____

SCHOOL _____ COUNTRY _____

MAILING ADDRESS _____

PHONE (_____) _____ - _____ EMAIL _____

HOW LONG HAVE YOU KNOWN THE APPLICANT _____ IN WHAT CAPACITY _____

SIGNATURE _____ DATE ____/____/____

CANNOT JUDGE	THE STUDENT	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	COMMENTS
	Participation in class					
	Preparation for class					
	Use of spoken English					
	Listening comprehension					
	Correct use of grammar					
	Reading comprehension					
	Use of written English					
	Ability to think independently					
	Vocabulary					
	Ability to organize and communicate ideas					