



**The Drama-Play Connection, Inc.**

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org

**TEACHER FORM**

Parent, please sign, and give to teacher  
Teacher, please return this form with the questionnaire

Dear Teacher:

Your student, \_\_\_\_\_, has applied to be a Peer Role Model at The Drama-Play Connection. Our program is a drama program that offers support to children struggling with shyness or social skills difficulties. We appreciate your cooperation in completing the attached form. It provides one way of getting to know the children. Please note that we place particular value on your observations of classroom behavior, social competence, and your descriptive comments in each area. This evaluation will be kept in strict confidence, will be reviewed only by the admission committee. Your insights will be used solely to help inform a thoughtful admission decision for our program.

Your student's parents or legal guardians have filled out the bottom portion of this form gives you permission to send us the completed forms and permits us to call you with follow-up questions regarding the student's candidacy to our program. Thank you for your cooperation.

**Teacher Consent Form**

I hereby authorize The Drama-Play Connection / Liana Peña Morgens to receive information from my child's, \_\_\_\_\_, teacher, \_\_\_\_\_, regarding my child's candidacy for the Peer Model openings. This includes the attached set of questionnaires, as well as a phone conference to clarify any incomplete or ambiguous information relayed on the questionnaires. I understand that this information will not be re-released to any person or facility.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Date

# 2012 Teacher Evaluation Form

For Summer 2012 Peer Model Enrollment



## TO THE APPLICANT

After completing all the relevant questions below, give this form to a teacher who knows you well. Please attach a stamped enveloped addressed to The Drama-Play Connection.

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ School you now attend \_\_\_\_\_  
mm/ d d / y y y

Address \_\_\_\_\_

**IMPORTANT PRIVACY NOTICE:** While The Drama-Play Connection is not an academic school program, we ask families to choose one of the waiver options below:

- ☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
- ☐ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them I after I matriculate.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO THE TEACHER

This evaluation form is helpful in choosing from among highly qualified Peer Model candidates. Please fill out the following and submit with the attached envelope. Thank you.

### BACKGROUND INFORMATION

How long have you known this student and in what context? \_\_\_\_\_

What are the first words that come to your mind to describe this student? \_\_\_\_\_

### ACADEMIC / WORK HABITS (Please ✓ best descriptor)

	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
Academic Achievement							
Creative, original thought							
Productive class discussion							
Respect accorded by faculty							
Disciplined work habits							
Listens attentively							
Motivation / initiative							
Responds well to feedback							
Works well in small groups							
Problem solving skills							

**SOCIAL / EMOTIONAL DEVELOPMENT (Please circle best descriptor)**

					comments
Demonstrates a sense of integrity and responsibility	consistently	usually	occasionally	seldom	
Consideration for Others	very considerate	usually considerate	inconsiderate	unkind	
Social relationship with peers	very mature	average	somewhat immature	relates poorly	
Overall social skills	excellent	good	average	poor	
Leadership Ability	excellent	good	average	poor	
Emotional Maturity	very mature	average	somewhat immature	very immature	
Self confidence	seems overly confident	healthy confidence	needs some support	very shy	
Self-image	healthy self-image	needs some support	seems overly confident	poor self-image	
Sense of humor	highly developed	age appropriate	developing	poorly developed	
Self control	excellent	usually good	occasionally disruptive	frequently disruptive	
Interaction with teachers / adults	healthy / comfortable	is uneasy	is dependent	avoids contact	
Sensitivity to students who are disliked by others	excellent	good	average	poor	
Willingness to take risks	excellent	good	average	poor	

Please write whatever you think would be helpful to us in determining this student's application as a Peer Role Model at our program. We welcome any information that helps us differentiate this student from others. Feel free to attach an additional sheet. Thank you.

Teacher's Name \_\_\_\_\_ Subject Taught \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ School Address \_\_\_\_\_  
Teacher's Phone (\_\_\_\_) \_\_\_\_\_ Teacher's E-mail \_\_\_\_\_