



INTERNATIONAL SCHOOL of BROOKLYN

Middle School Application *Teacher Evaluation Form*

Name of Student:

Date:

In order to complete the Middle School admissions process at ISB, we would be very grateful if you could share your knowledge of the student in the following areas:

Learning styles:

Participation in class:

Motivation:

Interaction with peers and teachers:

Behavior:

Attendance:

Organization skills:

Time management:

Interest in extracurricular activities:

Other comments:

Your name: _____

School name: _____

Signature: _____