

CONFIDENTIAL TEACHER INVENTORY
SDOC's Pre-Diploma Program

Student Name: _____ **Student ID#** _____
School: _____ **Date of Birth:** _____

Students: Please fill in your teachers' names and give this form to your Guidance Counselor.

Teachers: Your input is important. If you feel this form does not provide sufficient opportunity for you to communicate with us about this student, please feel free to email the appropriate program coordinator.
 Celebration High School: Jackie Miglionico (miglionj@osceola.k12.fl.us) Gateway High School: Bob Russell (russellr@osceola.k12.fl.us).

Using a scale of 0-4, where **0=strongly disagree** and a **4=strongly agree**, please indicate the level of your agreement with the following:

ENGLISH: The student....		Points
1.	shows strong understanding of language and vocabulary.	
2.	consistently demonstrates a high level of writing skills.	
3.	is well organized, prepared, and consistently on task in class.	
4.	exhibits a love of learning.	
5.	interacts well with peers in a group or class setting	
Teacher's Name: _____		Initials: _____ Total points: _____

SCIENCE: The student....		Points
1.	understands scientific concepts and vocabulary.	
2.	exhibits analytical skills and an inquisitive nature.	
3.	is well organized, prepared and consistently on task in class.	
4.	exhibits a love of learning.	
5.	interacts well with peers in a group or class setting	
Teacher's Name: _____		Initials: _____ Total points: _____

MATH: The student....		Points
1.	understands mathematical concepts, formulas, and principles.	
2.	relates well to numbers and quantities.	
3.	is well organized, prepared and consistently on task in class.	
4.	exhibits a love of learning.	
5.	interacts well with peers in a group or class setting	
Teacher's Name: _____		Initials: _____ Total points: _____

HISTORY/SOCIAL STUDIES: The student....		Points
1.	shows a strong understanding of historical vocabulary and timelines.	
2.	displays a strong understanding of history/social studies concepts and themes.	
3.	is well organized, prepared and consistently on task in class.	
4.	exhibits a love of learning.	
5.	interacts well with peers in a group or class setting	
Teacher's Name: _____		Initials: _____ Total points: _____

For Pre-Diploma Program Office Use Only: Total: _____ ÷ 4 = _____/20 points

Comments: _____

School Counselors: Please complete the information requested on the next page.

Middle School Counselor Worksheet

Middle School Counselors:

Please provide transcripts for non-Osceola county students for sixth, seventh, and eighth grades.

Please provide 7th grade FSA Reading & Math Scores (expressed as a percentage or level) for *all* students.

Absence/Discipline Detail for 2016-2017 School Year: # of absences: _____ # of tardies: _____ # of referrals: _____

Comments: _____

In order to provide the appropriate educational services for the student, please indicate if this student is Active or Inactive in any of the following programs.

<u>Program:</u>	<u>Status:</u> (circle one)		
Gifted	Active	Inactive	N/A
ESOL	Active	Inactive	N/A
IEP	Active	Inactive	N/A
504	Active	Inactive	N/A

FSA Reading % or Level: _____

FSA Math % or Level: _____

Standard Level Classes:	A = 4	B = 3	C = 2	D = 1	Below D = 0
Advanced/ Honors Level Classes:	A = 4.5	B = 3.5	C = 2.5	D = 1.5	Below D = 0

Subject	6 th Grade		7 th Grade		8 th Grade		Total Points
	Course	Grade	Course	Grade	Course	1 st 9wksGrade	
English							
Math							
Science							
Social Studies							
Total points from all 4 subject areas:							

GPA Points: _____ ÷ 2 = _____

Highly Recommend
 Recommend
 Recommend with Reservation
 Do Not Recommend

Middle School Counselor: _____ **Date:** _____

Signature