

**Confidential Teacher Inventory**  
*PROFESSIONAL & TECHNICAL HIGH SCHOOL - CHOICE PROGRAM*

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Current School/Grade:** \_\_\_\_\_ **Applying School:** PATHS

**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 your student, please feel free to email the PATHS Guidance Secretary or the appropriate School Counselor:

**Victoria Funk Summers** (*Guidance Secretary*): Victoria.FunkSummers@osceolaschools.net, 407-518-5407 x. 15112

**Amy Shiver** (*Last Names A-L*): Amy.Shiver@osceolaschools.net

**Molly Crotty** (*Last Names M-Z*): Morgana.Crotty@osceolaschools.net

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

1. Student collaborates with teachers and peers in a respectful manner, showing appreciation for other points of view.
2. Student acts with integrity and honesty, always completing and turning in their own work and taking responsibility for their actions.
3. Student shows compassion and respect to others, always making a positive contribution to the classroom community.
4. Student manages their time effectively, showing effective organizational and study skills.
5. Student can recognize their strengths and weaknesses and always works towards bettering themselves as a student and person.

Statement	English	Math	Social Studies	Science
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>Total</b>				
<b>Teacher Name</b>				
<b>Teacher Signature</b>				
<b>Date</b>				

*For PATHS Guidance Office Use Only:* Total: \_\_\_\_\_ ÷ 4 = \_\_\_\_\_ /20 points