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@oscoela.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 2015-2016 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.

Program:	Status: (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	6th Grade Course	Grade	7th Grade Course	Grade	8th Grade Course	1st 9wksGrade	Total Points
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: _____
<p style="text-align:center">Signature</p>