

Atlanta Area Association of Independent Schools (AAAIS)
Confidential Common Teacher/Principal Evaluation Form
First through Fourth Grades

Top Portion to be completed and signed by Parent/Legal Guardian

Applicant's Name: _____
 (First) (Middle) (Last)

Applying for grade _____ **Date of Birth:** _____ **Male** **Female**

Applicant's Current School: _____

Address of Current School: _____

_____ **Telephone ()** _____
 (City) (State) (Zip)

To Parent/LegalGuardian: Please print or type this section and deliver this form to your child's teacher. The evaluator should mail this form directly to the Admission Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of the Atlanta Area Association of Independent Schools (AAAIS), you hereby release said member, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and not become part of the student's permanent academic record.

 Signature of Parent or Legal Guardian

 Date

 Evaluator, please fill out the following and if you would like to give additional information, please do so in the Comments section.

How long and in what capacity have you known the applicant? _____

ACADEMIC SKILLS	EXCELLENT	GOOD	FAIR	POOR/ LIMITED	NO BASIS FOR JUDGMENT
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK SKILLS:

- | | | | | |
|-------------------------------|---|--|---|--|
| Class participation | <input type="checkbox"/> Joins in readily | <input type="checkbox"/> Contributes occasionally | <input type="checkbox"/> Wants to dominate | <input type="checkbox"/> Rarely contributes |
| Ability to work in a group | <input type="checkbox"/> Consistently works well | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Has difficulty | <input type="checkbox"/> Has great difficulty |
| Ability to work independently | <input type="checkbox"/> Consistently works well | <input type="checkbox"/> Needs help occasionally | <input type="checkbox"/> Needs help frequently | <input type="checkbox"/> Needs constant help |
| Completes assignments on time | <input type="checkbox"/> Consistently completes on time | <input type="checkbox"/> Usually completes on time | <input type="checkbox"/> Needs additional time | <input type="checkbox"/> Has difficulty |
| Follows directions | <input type="checkbox"/> Easily and accurately | <input type="checkbox"/> Occasionally needs help | <input type="checkbox"/> Needs much explanation | <input type="checkbox"/> Rarely |
| Takes initiative | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Attention span | <input type="checkbox"/> Actively engaged | <input type="checkbox"/> Attentive | <input type="checkbox"/> Variable attention | <input type="checkbox"/> Requires frequent redirection |
| Fine motor skills | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

SOCIAL SKILLS:

- | | | | | |
|---------------------------|---|--|--|---|
| Peer relations | <input type="checkbox"/> Role model | <input type="checkbox"/> Healthy relationships | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Relates poorly |
| Relationships with adults | <input type="checkbox"/> Courteous | <input type="checkbox"/> Usually positive | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Shows little respect |
| Concern for others | <input type="checkbox"/> Very considerate | <input type="checkbox"/> Considerate | <input type="checkbox"/> Usually considerate | <input type="checkbox"/> Rarely considerate |
| Attitude toward school | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

ENGLISH/LANGUAGE ARTS:	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression: Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Names of textbooks and publishers:					
MATH:	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math textbooks and publishers:					

Areas in which the applicant has the greatest strengths: _____

Areas in which the applicant has the greatest needs: _____

Has the applicant ever been a recipient of a special services program, i.e. gifted, learning disability resource center, speech therapy, etc.? If yes, please explain: _____ Yes No

Do you have any reason to question the applicant's academic or personal integrity? (If applicable) If yes, please explain. _____ Yes No

Please describe parental support/involvement: _____

PERSONAL QUALITIES:

- | | | | | |
|--------------------------------|---|--|--|---|
| Integrity | <input type="checkbox"/> Highly trustworthy | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Usually trustworthy | <input type="checkbox"/> Questionable |
| Warmth of personality | <input type="checkbox"/> Always friendly | <input type="checkbox"/> Usually friendly | <input type="checkbox"/> Occasionally friendly | <input type="checkbox"/> Rarely friendly |
| Sense of humor | <input type="checkbox"/> Highly developed | <input type="checkbox"/> Good | <input type="checkbox"/> Fair humor | <input type="checkbox"/> Poorly developed |
| Spirit of cooperation | <input type="checkbox"/> Always cooperates | <input type="checkbox"/> Cooperates | <input type="checkbox"/> Occasionally cooperates | <input type="checkbox"/> Poor cooperation |
| Citizenship | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Attitude toward school | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Self control | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Leadership potential | <input type="checkbox"/> Leader | <input type="checkbox"/> Can follow or lead | <input type="checkbox"/> Leads on occasion | <input type="checkbox"/> Rarely leads |
| Self confidence | <input type="checkbox"/> Healthy self-image | <input type="checkbox"/> Needs some support | <input type="checkbox"/> Seems over confident | <input type="checkbox"/> Poor self-image |
| Reaction to criticism/setbacks | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Responsible | <input type="checkbox"/> Very responsible | <input type="checkbox"/> Usually responsible | <input type="checkbox"/> Sometimes responsible | <input type="checkbox"/> Rarely responsible |
| Emotional maturity | <input type="checkbox"/> Very mature | <input type="checkbox"/> Age appropriate | <input type="checkbox"/> Sometimes immature | <input type="checkbox"/> Very immature |

COMMENTS: _____

Thank you for your time and evaluation of this applicant. May we contact you if we have questions? Telephone: _____

Evaluator's Signature _____ Evaluator's Title _____ Date _____

Principal's Signature _____ Date _____