



MT. BETHEL CHRISTIAN
ACADEMY

Teacher Evaluation Form Rising First through Fifth Grades

To Parent: Please complete this section and deliver this form to your child's teacher. Include an addressed and stamped envelope to **Mt. Bethel Christian Academy, Office of Admission, 4385 Lower Roswell Road, Marietta, GA 30068**. The evaluator will mail these forms directly to the Admission Office.

Child's Name _____ Goes by _____
First Middle Last

Gender _____ Date of Birth _____ Applying for Grade _____ School Year 20 _____ to 20 _____

Child's Current School _____

Address of Current School _____

School Telephone _____ Fax _____

Signature of Parent or Legal Guardian _____ Date _____

To Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence. Please complete and return this form within seven days to **Mt. Bethel Christian Academy, Office of Admission, 4385 Lower Roswell Road, Marietta, GA 30068**.

Please fill out the following and comment if desired in the Comment section.

GENERAL ACADEMICS:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	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"/>

ENGLISH/LANGUAGE ARTS:

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:

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: _____

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 on time | <input type="checkbox"/> Usually 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 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 |

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"/> Poor |
| Spirit of cooperation | <input type="checkbox"/> Always cooperates | <input type="checkbox"/> Cooperates | <input type="checkbox"/> Occasionally cooperates | <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 |
| Responsible | <input type="checkbox"/> Very responsible | <input type="checkbox"/> Usually responsible | <input type="checkbox"/> Sometimes responsible | <input type="checkbox"/> Rarely |
| Emotional maturity | <input type="checkbox"/> Very mature | <input type="checkbox"/> Age appropriate | <input type="checkbox"/> Sometimes immature | <input type="checkbox"/> Very immature |
| 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 |
| Reaction to criticism/setbacks | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Comments on above: _____

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, speech)? Yes No
If yes, please explain: _____

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

Please describe parental support/involvement: _____

In what capacity and how long have you known this child? _____ Title _____

If the need arises, may we contact you to discuss the applicant further? _____ Telephone: () _____

Email: _____

PRINT NAME OF TEACHER

SIGNATURE OF TEACHER