



MT. BETHEL CHRISTIAN
ACADEMY

Teacher Evaluation Form (Math) Rising Sixth through Eighth 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 _____

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.

Math series: _____

Math course student is currently taking: _____

Is this remedial, on-level or advanced? _____

Recommended course for next year _____

| <u>ACADEMIC SKILLS</u> | <u>EXCELLENT</u> | <u>ABOVE AVERAGE</u> | <u>AVERAGE</u> | <u>BELOW AVERAGE</u> | <u>NO BASIS FOR JUDGEMENT</u> |
|-----------------------------------|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------------------|
| 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"/> |
| Oral expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

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 (ie. Gifted, learning disability resource center, speech therapy, etc.)? If yes, please explain: _____ Yes No

Is the applicant currently involved with extracurricular activities? If yes, please explain: _____ Yes No

Describe the ways the applicant contributes to your school community: (character, citizenship, leadership) _____

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

Comments on above: _____

PERSONAL QUALITIES AND WORK 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 |
| Displays appropriate conduct | <input type="checkbox"/> good conduct | <input type="checkbox"/> usually good conduct | <input type="checkbox"/> occasional misconduct | <input type="checkbox"/> poor conduct |
| Integrity | <input type="checkbox"/> highly trustworthy | <input type="checkbox"/> trustworthy | <input type="checkbox"/> usually trustworthy | <input type="checkbox"/> questionable |
| Concern for others | <input type="checkbox"/> very considerate | <input type="checkbox"/> considerate | <input type="checkbox"/> usually considerate | <input type="checkbox"/> rarely considerate |
| 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 |
| 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 overconfident | <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 |
| Attention span | <input type="checkbox"/> actively engaged | <input type="checkbox"/> attentive | <input type="checkbox"/> variable attention | <input type="checkbox"/> needs frequent redirection |
| 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"/> needs help occasionally | <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 |

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