



MT. BETHEL CHRISTIAN
ACADEMY

Upper School Teacher Evaluation Form (Math)

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, 2509 Post Oak Tritt Road, Marietta, GA 30062.** The evaluator will mail these forms directly to the High School 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, 2509 Post Oak Tritt Road, Marietta, GA 30062.

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

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

Comments on above: _____

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