



# Teacher/Principal Evaluation Form

## Rising First through Sixth Grades

**Parent:** Please complete this section and deliver this form to your child's teacher. The evaluator will email 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

**Notice of Nondiscriminatory Policy as to Students**

Covenant Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**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 [aflowers@ccssmyrna.org](mailto:aflowers@ccssmyrna.org)

Please fill out the following by checking all that apply and comment if desired in the comment section.

General Academics	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Critical abstract thinking skills					
Intellectual curiosity					
Organizational skills					
Study skills					
Motivation					
Determination					
Creativity					
Academic potential					



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<b>English/Language Arts</b>					
Reading comprehension					
Written Expression: Grammar Composition					
Verbal expression					

Names of textbooks and publishers: \_\_\_\_\_

\_\_\_\_\_

<b>Math</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Basis for Judgment</b>
Knowledge of basic skills					
Ability to grasp new concepts					
Analytical ability					
Application skills					

Math textbooks and publishers: \_\_\_\_\_

\_\_\_\_\_

<b>Work Skills</b>				
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



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<b>Social Skills</b>				
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

<b>Personal Qualities</b>				
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Areas in which the applicant has 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
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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/Principal

\_\_\_\_\_

Signature of Teacher/Principal