



## Teacher Evaluation Form (Language Arts) Rising Seventh & Eighth 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 [ccs-admissions@ccssmyrna.org](mailto:ccs-admissions@ccssmyrna.org).

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

**Language Arts series:** \_\_\_\_\_

Academic Skills	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"/>
Written expression: Composition	<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"/>
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"/>



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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, etc.)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please explain: \_\_\_\_\_

Is the applicant currently involved with extracurricular activities?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please explain: \_\_\_\_\_

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)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please explain: \_\_\_\_\_

**PERSONAL QUALITIES AND WORK SKILLS**

<b>Peer relations</b>	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
<b>Relationships with adults</b>	<input type="checkbox"/> Courteous	<input type="checkbox"/> Usually, positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Shows little respect
<b>Displays appropriate conduct</b>	<input type="checkbox"/> Good conduct	<input type="checkbox"/> Usually, good conduct	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Poor conduct
<b>Integrity</b>	<input type="checkbox"/> Highly trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Usually, trustworthy	<input type="checkbox"/> Questionable
<b>Concern for others</b>	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Usually, considerate	<input type="checkbox"/> Rarely considerate
<b>Warmth of personality</b>	<input type="checkbox"/> Always friendly	<input type="checkbox"/> Usually, friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly
<b>Sense of humor</b>	<input type="checkbox"/> Highly developed	<input type="checkbox"/> Good	<input type="checkbox"/> Fair humor	<input type="checkbox"/> Poorly developed
<b>Spirit of cooperation</b>	<input type="checkbox"/> Always cooperates	<input type="checkbox"/> Cooperates	<input type="checkbox"/> Occasionally cooperates	<input type="checkbox"/> Poor cooperation
<b>Citizenship</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Attitude toward school</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Leadership potential</b>	<input type="checkbox"/> Leader	<input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Rarely leads
<b>Self confidence</b>	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Seems overconfident	<input type="checkbox"/> Poor self-image
<b>Reaction to criticism/setbacks</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Responsible</b>	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually, responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
<b>Emotional maturity</b>	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature
<b>Attention span</b>	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Needs frequent redirection
<b>Class participation</b>	<input type="checkbox"/> Joins in readily	<input type="checkbox"/> Contributes occasionally	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes
<b>Ability to work in a group</b>	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Has difficulty	<input type="checkbox"/> Has great difficulty
<b>Ability to work independently</b>	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs constant help
<b>Completes assignments on time</b>	<input type="checkbox"/> Consistently on time	<input type="checkbox"/> Usually on time	<input type="checkbox"/> Needs additional time	<input type="checkbox"/> Has difficulty
<b>Follows directions</b>	<input type="checkbox"/> Easily and accurately	<input type="checkbox"/> Occasionally needs help	<input type="checkbox"/> Needs much explanation	<input type="checkbox"/> Rarely
<b>Takes initiative</b>	<input type="checkbox"/> Always	<input type="checkbox"/> Usually,	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely



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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? \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF TEACHER

\_\_\_\_\_  
SIGNATURE OF TEACHER