



Teacher Evaluation Form (Math) 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.

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

Math

series: _____

Academic Skills	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Knowledge of basic skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to grasp new concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analytical ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical/abstract thinking skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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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, speech therapy, etc.)?

<input type="radio"/> Yes	<input type="radio"/> No
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If yes, please explain: _____

Is the applicant currently involved with extracurricular activities?

<input type="radio"/> Yes	<input type="radio"/> 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="radio"/> Yes	<input type="radio"/> No
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If yes, please explain: _____

PERSONAL QUALITIES AND WORK SKILLS

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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



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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