

Atlanta Area Association of Independent Schools (AAAIS)

Confidential Common Teacher Evaluation Form

Rising 5th through 12th Grades

- ENGLISH/LANGUAGE ARTS TEACHER (Required)
 MATH TEACHER (Required)
 OTHER – (Optional)

Applicant's Name: _____
 (First) (Middle) (Last)

Applying for grade _____ Age Level: _____ Male Female

Applicant's Current School: _____

Address of Current School: _____
 Telephone (____) _____
 (City) (State) (Zip)

To Parent/LegalGuardian: Please print or type this section and deliver this form to your child's teacher. The evaluator will mail these forms directly to the Admission Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of the Atlanta Area Association of Independent Schools (AAAIS), you hereby release said member, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using of the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and not become part of the student's permanent academic record.

Signature of Parent or Legal Guardian _____

Date _____

How long and in what capacity have you known this applicant? _____

Please give explanations to any of the following categories or questions in the "Comments" section located on the reverse side of this form:

Academic Characteristics and Qualities

CATEGORIES	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
ENGLISH/LANGUAGE ARTS:					
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"/>
Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Names of textbooks and publishers: _____

MATH:	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
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"/>

Math Series: _____

CATEGORIES	EXCELLENT	GOOD	FAIR	POOR/LIMITED	NO BASIS FOR JUDGMENT
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"/>

- | | | | | |
|--|---|--|---|---|
| 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"/> Always works well | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Has difficulty | <input type="checkbox"/> Has great difficulty |
| Ability to work independently | <input type="checkbox"/> Always works well | <input type="checkbox"/> Needs help occasionally | <input type="checkbox"/> Needs help frequently | <input type="checkbox"/> Needs constant help |
| Ability to complete assignments on time | <input type="checkbox"/> Always completes on time | <input type="checkbox"/> Usually completes 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 |

Has the applicant ever been a recipient of a special services program, i.e. gifted, learning disability resource center etc.? If yes, please explain: _____

Yes No

Is the applicant currently involved with extracurricular activities? If yes, please explain: _____

Yes No

Would the applicant take advantage of such activities in the future if offered?

Yes No

Do you have any reason to question the applicant's academic or personal integrity?

Yes No

If yes, please explain. _____

Areas in which the applicant has the greatest strengths: _____

Areas in which the applicant has the greatest needs: _____

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

Please describe parental support/involvement: _____

Personal Characteristics and Qualities

- | | | | | |
|--------------------------------|---|--|--|--|
| 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 over confident | <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"/> requires frequent redirection |

Comments: _____

Evaluator's Signature

Evaluator's Title

Date