



Current Teacher Evaluation Form

Rising 1st through 12th grades

To Parent/Legal Guardian: Please deliver this form to your child's teacher.
The evaluator will mail or fax these forms directly to the Admissions Office.

Signature of Parent/Legal Guardian _____

Date _____

Applicant's Name: _____

Current Grade: _____

Dear Teacher,

The student named above is a candidate for admission to Eagle's Landing Christian Academy. Your evaluation of the applicant will be an invaluable tool in the admission process. The applicant's file will not be complete without the return of this form.

We are grateful for your time and comments.

How long have you known the student? _____

What is your teaching relationship to the student? _____

Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and inclinations?

Please circle the appropriate response and comment on any number marked below 3.

Complete the subject that applies to you and the overall section.

English/Language Arts:

Name of textbooks and publishers _____

	Below Average	Average	Above Average	Outstanding	Comments
Reading Comprehension	1	2	3	4	_____
Written Expression:					
Grammar	1	2	3	4	_____
Composition	1	2	3	4	_____

Math:

Name of textbooks and publishers _____

Knowledge of basic skills	1	2	3	4	_____
Ability to grasp new concepts	1	2	3	4	_____
Analytical ability	1	2	3	4	_____

Overall(English/Language and Math)

Oral Expression	1	2	3	4	_____
Critical/Abstract Thinking Skills	1	2	3	4	_____
Intellectual Curiosity	1	2	3	4	_____
Organizational Skills	1	2	3	4	_____
Study Skills	1	2	3	4	_____
Motivation	1	2	3	4	_____
Determination	1	2	3	4	_____
Creativity	1	2	3	4	_____
Academic Potential	1	2	3	4	_____
Class Participation	1	2	3	4	_____
Ability to work in a group	1	2	3	4	_____
Ability to work independently	1	2	3	4	_____
Completes assignments on time	1	2	3	4	_____
Follows Directions	1	2	3	4	_____
Takes Initiative	1	2	3	4	_____

Is this recommendation consistent with his/her report card? Yes No

Is the student in any resource class or in need of modification of his curriculum? Please explain.

Does the student take any attention-enhancing medication? _____

Please describe this student's strengths and inclinations, including any unique challenges in meeting the needs of this student. _____

Please describe the parent's involvement with the child's education and with the school.

Please describe the student's peer relationships. _____

Do you recommend this student for Eagle's Landing Christian Academy? _____

We would appreciate any additional comments you would care to give on this student's academic ability or character. _____

School Name: _____ Phone: _____

School Address/City/State/Zip: _____

Dates the child attended this school: _____

Teacher Name (please print): _____

This information may or may not be discussed with parents.

TEACHER'S SIGNATURE

DATE

Please send this completed form to:
Eagle's Landing Christian Academy
Admissions Office
2400 Hwy 42 North
McDonough, GA 30253
678-818-1072 fax 770-692-1239