THE ATLANTA ACADEMY

Teacher Evaluation Form (Grades 1 – 8 only)

Please print or type this section and deliver this form to your child's teacher. Please have current school complete this form and return to:

2000 Holcomb Woods Parkway
Roswell, GA 30076

Phone: (678) 461-6102 Fax: (678) 461-6105

Student Name	Current Grade		
Parent Name			
Parent Address			
To: PRINCIPAL, TEACHER, OR COUNSE The student named above has applied for admissi	ELOR on into the grade at The Atlanta Academy for the		
	is requested in supplying as much information below as possible so that		
Signature of Evaluator:			
Signature of Principal:			
How long has this student attended your	school?		
Will the student be permitted to re-enroll	in your school?no		
If no, please explain			
Has this student had any history of seriou	s conduct problems?yesno		
If yes, please explain			
Has this student ever been expelled or sus	spended?yesno		
If yes, please explain			

SCALE: (1) Excellent (2) Good (3) Average (4) Poor

Social / Emotional Characteristics		_	_		
Relationship with teacher	1	2	3	4	
Relationship with peers	1	2	3	4	
Responsibility	1	2		4	
Self-confidence	1	2		4	
Self-control	1	2	3	4	
Citizenship	1	2		4	
Leadership Potential	1	2			
Attitude towards school	1	2			
Emotional Maturity	1	2			
Ability to work in a group	1	2			
Spirit of cooperation	1	2	3	4	
Additional comments:					
Recommendation as a Student					
Academic potential	1	2	3	4	
Academic achievement	1	2	3	4	
Reaction to setbacks	1	2	3	4	
Preparation for class	1	2	3	4	
Study Habits	1	2	3	4	
Initiative	1	2	3	4	
Math skills	1	2	3	4	
Reading skill	1	2	3	4	
Oral expression	1	2	3	4	
Written expression	1	2	3	4	
Additional comments:					
Parent Involvement					
Parent participation	1	2	3	4	
Parent support of teacher	1	2	3	4	
Parent support of administration	1	2	3	4	
Parent support of student	1	2	3	4	
Cooperation	1	2	3	4	