

Applicant's Name (First Last): _____

Atlanta Area Association of Independent Schools (AAAIS)

ADDITIONAL TEACHER
Confidential Common Teacher Evaluation Form
Rising 5th through 12th Grades

Parent/Legal Guardian: If the English/language arts and math evaluation forms were completed by the same teacher, please submit this form to an additional teacher. The evaluator will mail these forms directly to the Admissions Office.

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

Male Female Date of Birth: _____ Entry Year: _____ Applying for Grade: _____

Applicant's Current School: _____

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

To Parent/Legal Guardian: 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 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

Evaluator: 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.

In what grade and /or subject(s) do/did you teach this child? _____

Please describe your experience with this child in the classroom. _____

| ACADEMIC SKILLS: | EXCELLENT | GOOD | FAIR | POOR/ LIMITED | NO BASIS FOR JUDGMENT |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Potential | <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"/> |
| Critical/Abstract Thinking Skills | <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"/> |
| Intellectual Curiosity | <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"/> |
| Oral Expression | <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"/> |

| WORK SKILLS: | | | | |
|-------------------------------|--|---|---|--|
| Ability to work in a group | <input type="checkbox"/> Consistently works well | <input type="checkbox"/> Occasionally has trouble | <input type="checkbox"/> Usually 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 |
| Attention span | <input type="checkbox"/> Actively engaged | <input type="checkbox"/> Attentive | <input type="checkbox"/> Variable attention | <input type="checkbox"/> Requires 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 |
| Completes assignments on time | <input type="checkbox"/> Consistently | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs additional time | <input type="checkbox"/> Has difficulty |
| Fine motor skills | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Follows directions | <input type="checkbox"/> Easily and accurately | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs much explanation | <input type="checkbox"/> Rarely |
| Takes initiative | <input type="checkbox"/> Consistently | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

| SOCIAL SKILLS & PERSONAL QUALITIES: | | | | |
|--|--|--|---|---|
| Attitude toward school | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Citizenship | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Concern for others | <input type="checkbox"/> Very considerate | <input type="checkbox"/> Usually considerate | <input type="checkbox"/> Occasionally Considerate | <input type="checkbox"/> Rarely Considerate |
| Displays appropriate conduct | <input type="checkbox"/> Good conduct | <input type="checkbox"/> Usually good conduct | <input type="checkbox"/> Occasional misconduct | <input type="checkbox"/> Poor conduct |
| Emotional maturity | <input type="checkbox"/> Very mature | <input type="checkbox"/> Age appropriate | <input type="checkbox"/> Sometimes immature | <input type="checkbox"/> Very immature |
| Integrity | <input type="checkbox"/> Highly trustworthy | <input type="checkbox"/> Usually trustworthy | <input type="checkbox"/> Occasionally trustworthy | <input type="checkbox"/> Questionable |
| Leadership potential | <input type="checkbox"/> Leader | <input type="checkbox"/> Can follow or lead | <input type="checkbox"/> Leads on occasion | <input type="checkbox"/> Rarely leads |
| Peer relations | <input type="checkbox"/> Role model | <input type="checkbox"/> Healthy relationships | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Relates poorly |
| Reaction to criticism/setbacks | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Relationships with adults | <input type="checkbox"/> Courteous | <input type="checkbox"/> Usually positive | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Shows little respect |
| Responsibility | <input type="checkbox"/> Very responsible | <input type="checkbox"/> Usually responsible | <input type="checkbox"/> Sometimes responsible | <input type="checkbox"/> Rarely responsible |
| 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 |
| Self-control | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 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"/> Consistently cooperates | <input type="checkbox"/> Usually cooperates | <input type="checkbox"/> Occasionally cooperates | <input type="checkbox"/> Rarely cooperates |
| Warmth of personality | <input type="checkbox"/> Consistently friendly | <input type="checkbox"/> Usually friendly | <input type="checkbox"/> Occasionally friendly | <input type="checkbox"/> Rarely friendly |

Is the applicant a recipient of a special services program?

- Gifted Modified curriculum Preferential seating Extended time N/A
 IEP, 504, etc. Learning disability resource center Extra help or tutoring Assistive technology

If yes, please explain: _____

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: _____

What three words come to mind when you think of this student? _____

Please describe parental support/involvement: _____

Additional comments: _____

Thank you for your time and evaluation of this applicant. May we contact you if we have questions?

Telephone: _____ Email _____

Evaluators Signature (please sign and print)

Evaluators Title

Date