

THE ATLANTA ACADEMY
Teacher Evaluation Form
(Grades 1 – 8 only)

Please have current school complete this form and return to
2000 Holcomb Woods Pkwy Roswell, GA 30076
Phone: (678) 461-6102 Fax: (678) 461-6105

Student _____ Current Grade _____
School Currently Attending _____
Address _____
City/State/Zip _____

To: PRINCIPAL, TEACHER, OR COUNSELOR

The student named above has applied for admission into the _____ grade at The Atlanta Academy for the academic year _____. Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student.

How long has this student attended your school? _____
Will the student be permitted to re-enroll in your school? _____ yes _____ no
If no, please explain _____
Has this student had any history of serious conduct problems? _____ yes _____ no
If yes, please explain _____
Has student ever been expelled or suspended? _____ yes _____ no
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	3	4
Self-confidence	1	2	3	4
Self-control	1	2	3	4
Citizenship	1	2	3	4
Leadership potential	1	2	3	4
Attitude toward school	1	2	3	4
Emotional maturity	1	2	3	4
Ability to work in a group	1	2	3	4
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 setback	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

Additional comments: _____

Signature of Evaluator: _____ Position: _____

Signature of Principal: _____ Date: _____