

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: _____
(City) (State) (Zip) Telephone: _____

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

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: _____

Evaluator's Signature (please sign and print)

Evaluator's Title

Date