



# TEACHER EVALUATION FORM

## Entering Grades 1 - 12

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Grade to which student is applying \_\_\_\_\_

The above student is a candidate for admission to The Master's Academy, a non-denominational, community Christian school. We would appreciate your observations about the areas listed below. If you wish to discuss the student personally rather than complete the form, please check here ( ), sign the form, and note your telephone number. The school principal will contact you.

	Excellent	Above Average	Average	Below Average	Poor
Academic Ability	<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"/>
Attitude & Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity & Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendation as a Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the student have any significant limitations (physical, emotional, social)?  Yes  No *If yes, please describe:*

\_\_\_\_\_

Has the student ever been tested or received special help for reading or a learning difficulty?  Yes  No *If yes, please describe:*

\_\_\_\_\_

Has the student ever been diagnosed for or enrolled in any special education program or special school? (Gifted, L.D. Placement, ADD, etc?)  Yes  No *If yes, please explain:*

\_\_\_\_\_

Has the student ever been referred for or received professional psychological counseling?  Yes  No *If yes, please describe:*

\_\_\_\_\_

Is the student in good standing and eligible to return to your school for the next grade level?  Yes  No

Has the student had discipline or attendance (tardiness) problems that required administrative action?  Yes  No *If yes, please explain:*

\_\_\_\_\_

How would you rate the parent's cooperation/involvement?  Usually cooperative  Rarely cooperative  Disinterested  
 Never had any communication with them

Number of students in current class: \_\_\_\_\_

Comments? *Please continue on reverse side if necessary.* \_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

School \_\_\_\_\_ Your contact phone number \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_