



SAINT FRANCIS HIGH SCHOOL

13440 Cogburn Road | Milton, GA 30004
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www.saintfrancisschools.com



PRINCIPAL

Ms. Colette Staak

HEADMASTER

Mrs. Linda Crawford

ATHLETIC DIRECTOR

Mr. Brandon Bates

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Mr. Brad Etter
Mr. Anthony Cipriani

CHANCELLOR

Mr. Drew Buccellato

ASSOCIATE ATHLETIC DIRECTOR

Mrs. Aisha Kennedy

HS ADMISSIONS

Mr. Brandon Bryan

BUSINESS OFFICE

Mr. Jeff Whitehurst

To English Teacher:

The attached form is a common evaluation form used by members of Atlanta Area Association of Independent Schools (AAAIS). The purpose of this common form is to make the application process easier for evaluators. When the forms are completed, please keep a copy of each in the student's file. If one or more AAAIS schools request information on a student, you will be able to copy the forms in his/her file and mail them to the school.

The student named on the attached Confidential Common Teacher Evaluation Form has made application for admission to Saint Francis School. Please complete this form and mail it to: Admissions Office, Saint Francis High School, 13440 Cogburn Road, Milton, GA 30004. The information will not be included in the student's permanent file. Please confer with professional colleagues to ascertain information, if necessary. Thank you.

Evaluator's Name _____

Title _____

School _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

Applicant's Name _____ Grade Applying for _____

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"/> Considerate	<input type="checkbox"/> Occasionally considerate	<input type="checkbox"/> Rarely considerate
Displays appropriate conduct	<input type="checkbox"/> Excellent conduct	<input type="checkbox"/> Good conduct	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent misconduct
Emotional maturity	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature
Relationships with adults	<input type="checkbox"/> Very respectful	<input type="checkbox"/> Respectful	<input type="checkbox"/> Sometimes respectful	<input type="checkbox"/> Shows little respect
Relationships with peers	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Resilience	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Responsibility	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
Self-control	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Self-esteem	<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"/> Very cooperative	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Occasionally cooperative	<input type="checkbox"/> Rarely cooperative
Warmth of personality	<input type="checkbox"/> Very friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly

Comments on above: _____

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: _____

Areas in which the applicant has the greatest strengths: _____

Areas in which the applicant has the greatest needs: _____

Please describe the applicant's academic and personal integrity: _____

How does the applicant demonstrate leadership in your classroom? _____

Please comment on the applicant's character, citizenship, and contributions 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: _____

 Current Teacher's Signature (please sign and print) Job Title Date