



MT. BETHEL CHRISTIAN
ACADEMY

Middle School Teacher Evaluation Form (Math)

To Parent: Please complete this section and deliver this form to your student's current Math teacher. Include an addressed and stamped envelope, so the teacher can mail this form directly to MBCA: **Mt. Bethel Christian Academy, ATTN: Admission Office, 4385 Lower Roswell Road, Marietta, GA 30068.** Alternatively, the teacher can fax the form to (770) 971-3770 or email it to admission@mtbethelchristian.org.

Child's Name : _____
First Middle Last

Gender: _____ Date of Birth: _____ Applying for Grade: _____ School Year 20 ____ to 20 ____

Child's Current School: _____

Address of Current School: _____

 Signature of Parent or Legal Guardian Date

Attention Teachers: 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. Please complete and return this form within seven days to: **Mt. Bethel Christian Academy, ATTN: Admission Office, 4385 Lower Roswell Road, Marietta, GA 30068.** Alternatively, you can fax the form to (770) 971-3770 or email it to admission@mtbethelchristian.org.

Please fill out the following and comment if desired in the Comment section.

Current Math Textbook: _____

Math course student is currently taking: _____

Is this course remedial, on-level or advanced? _____

Recommended course for next year: _____

<u>ACADEMIC SKILLS</u>	<u>EXCELLENT</u>	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>	<u>NO BASIS FOR JUDGEMENT</u>
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<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"/>
Intellectual curiosity	<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"/>
Motivation	<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"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Areas in which the applicant has the greatest strength(s): _____

Areas in which the applicant has the greatest need(s): _____

To your knowledge, is the applicant currently involved with extracurricular activities? Yes No Unknown

Detail (if needed): _____

Describe the ways the applicant contributes to your school community: (character, citizenship, leadership):

Do you have any reason to question the applicant's academic or personal integrity: Yes No

If yes, please explain: _____

Please describe parental support/involvement: _____

In what capacity and how long have you known this child? _____ Title _____

If the need arises, may we contact you to discuss the applicant further? Yes No

Telephone: (_____) _____ Email _____

PRINT NAME OF TEACHER

SIGNATURE OF TEACHER