



MT. BETHEL CHRISTIAN  
**ACADEMY**

## Upper 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](mailto: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.**

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

**Current Math Textbook:** \_\_\_\_\_

**Math course student is currently taking:** \_\_\_\_\_

**Is this remedial, on-level or advanced?** \_\_\_\_\_

**Recommended course for next year:** \_\_\_\_\_

Areas in which the applicant has the greatest strengths: \_\_\_\_\_

\_\_\_\_\_

Areas in which the applicant has the greatest needs: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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