

Applicant's Name (First Last): \_\_\_\_\_

Atlanta Area Association of Independent Schools (AAAIS)

**ADDITIONAL TEACHER**

**Confidential Common Teacher Evaluation Form – Rising 5<sup>th</sup> through 12<sup>th</sup> 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)

Date of Birth: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Applicant's Current School: \_\_\_\_\_

*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 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.*

Do you currently teach this applicant:  Yes  No How long have you know this applicant? \_\_\_\_\_

In what grade, subject, and/or capacity did you teach this applicant? \_\_\_\_\_

Number of students in classroom: \_\_\_\_\_ Number of teachers in classroom: \_\_\_\_\_

Please describe your experience with this applicant in the classroom: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACADEMIC SKILLS:	EXCELLENT	GOOD	FAIR	POOR/LIMITED
Academic Potential	<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"/>
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<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"/>
Motivation	<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"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<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"/>
Willingness to Take Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK SKILLS:**

Ability to work in whole class	<input type="checkbox"/> Thrives	<input type="checkbox"/> Works well	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Needs Support
Ability to work in small group	<input type="checkbox"/> Thrives	<input type="checkbox"/> Works well	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Needs Support
Ability to work independently	<input type="checkbox"/> Thrives	<input type="checkbox"/> Works well	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Needs Support
Attention span	<input type="checkbox"/> Highly focused	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires redirection
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"/> Has some difficulty	<input type="checkbox"/> Needs support
Takes initiative	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely

Comments on above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
Evaluators Teacher's Signature (please sign and print)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date