



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](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.** Alternatively, you can fax the form to (770) 971-3770 or email it to [admission@mtbethelchristian.org](mailto:admission@mtbethelchristian.org).

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

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

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

**Do you recommend on-level or advanced class placement 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