



MT. BETHEL CHRISTIAN  
**ACADEMY**

## Rising 2<sup>nd</sup> Grade through 5<sup>th</sup> Grade Teacher/Director Evaluation Form

**To Parent:** Please complete this section and deliver this form to your student's current 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 & Directors:** 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.** Or alternatively, it can be faxed to (770) 971-3770 or emailed to [admission@mtbethelchristian.org](mailto:admission@mtbethelchristian.org).

**GENERAL ACADEMICS:**

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
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"/>

**ENGLISH/LANGUAGE ARTS:**

Ability to apply skills across curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension - Fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comp. - Non-Fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression - Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression - Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this student on grade level for this subject?  Yes  No

Names of textbook(s) and publisher(s): \_\_\_\_\_

**MATH:**

- Ability to grasp new concepts
- Analytical ability
- Application of skills
- Computation skills
- Knowledge of basic skills

Is this student on grade level for this subject?  Yes  No

Names of textbook(s) and publisher(s): \_\_\_\_\_

If *Below Average* has been indicated in any of the sections above, please explain below.

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**WORK SKILLS**

- |                             |  |   |   |   |
|-----------------------------|--|---|---|---|
| Able to work in a group     | <input type="checkbox"/> Consistently works well | <input type="checkbox"/> Sometimes                | <input type="checkbox"/> Has difficulty         | <input type="checkbox"/> Has great difficulty |
| Able to work independently  | <input type="checkbox"/> Consistently works well | <input type="checkbox"/> Needs help occasionally  | <input type="checkbox"/> Needs help frequently  | <input type="checkbox"/> Needs constant help  |
| Accepts correction/feedback | <input type="checkbox"/> Always                  | <input type="checkbox"/> Usually                  | <input type="checkbox"/> Sometimes              | <input type="checkbox"/> Rarely               |
| Attention span              | <input type="checkbox"/> Actively engaged        | <input type="checkbox"/> Attentive                | <input type="checkbox"/> Variable attention     | <input type="checkbox"/> Requires redirection |
| Class participation         | <input type="checkbox"/> Joins in readily        | <input type="checkbox"/> Contributes occasionally | <input type="checkbox"/> Wants to dominate      | <input type="checkbox"/> Rarely contributes   |
| Completes work on time      | <input type="checkbox"/> Consistently on time    | <input type="checkbox"/> Usually on time          | <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"/> Occasionally needs help  | <input type="checkbox"/> Needs much explanation | <input type="checkbox"/> Rarely               |
| Retains information learned | <input type="checkbox"/> Consistently            | <input type="checkbox"/> Sometimes                | <input type="checkbox"/> Has difficulty         | <input type="checkbox"/> Has great difficulty |
| Takes initiative            | <input type="checkbox"/> Always                  | <input type="checkbox"/> Usually                  | <input type="checkbox"/> Sometimes              | <input type="checkbox"/> Rarely               |

**SOCIAL SKILLS**

- |                           |   |  |  |   |
|---------------------------|---|--|--|---|
| Attitude toward school    | <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"/> Usually considerate | <input type="checkbox"/> Rarely considerate   |
| Level of aggression       | <input type="checkbox"/> Very Low         | <input type="checkbox"/> Low                   | <input type="checkbox"/> Moderate            | <input type="checkbox"/> High                 |
| Peer relations            | <input type="checkbox"/> Role model       | <input type="checkbox"/> Healthy relationships | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Relates poorly       |
| Relationships with adults | <input type="checkbox"/> Courteous        | <input type="checkbox"/> Usually positive      | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Shows little respect |

**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          |
| Emotional maturity     | <input type="checkbox"/> Very mature        | <input type="checkbox"/> Age appropriate     | <input type="checkbox"/> Sometimes immature      | <input type="checkbox"/> Very immature |
| Integrity              | <input type="checkbox"/> Highly trustworthy | <input type="checkbox"/> Trustworthy         | <input type="checkbox"/> Usually trustworthy     | <input type="checkbox"/> Questionable  |
| Leadership potential   | <input type="checkbox"/> Leader             | <input type="checkbox"/> Can follow or lead  | <input type="checkbox"/> Leads on occasion       | <input type="checkbox"/> Rarely leads  |
| Reaction to criticism  | <input type="checkbox"/> Excellent          | <input type="checkbox"/> Good                | <input type="checkbox"/> Fair                    | <input type="checkbox"/> Poor          |
| Responsible            | <input type="checkbox"/> Very responsible   | <input type="checkbox"/> Usually responsible | <input type="checkbox"/> Sometimes responsible   | <input type="checkbox"/> Rarely        |
| Self-confidence        | <input type="checkbox"/> Healthy self-image | <input type="checkbox"/> Needs some support  | <input type="checkbox"/> Seems over confident    | <input type="checkbox"/> Poor          |
| Sense of humor         | <input type="checkbox"/> Highly developed   | <input type="checkbox"/> Good                | <input type="checkbox"/> Fair humor              | <input type="checkbox"/> Poor          |
| Spirit of cooperation  | <input type="checkbox"/> Always cooperates  | <input type="checkbox"/> Cooperates          | <input type="checkbox"/> Occasionally cooperates | <input type="checkbox"/> Poor          |
| Self-control           | <input type="checkbox"/> Excellent          | <input type="checkbox"/> Good                | <input type="checkbox"/> Fair                    | <input type="checkbox"/> Poor          |

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

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

Area in which the applicant has the greatest need(s): \_\_\_\_\_

To your knowledge, has the applicant even been a recipient of any learning support services or accommodations?

Yes       No       Unknown      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Please comment on degree and type of parental involvement: \_\_\_\_\_

\_\_\_\_\_  
In what capacity and how long have you known this child? \_\_\_\_\_

\_\_\_\_\_  
Your Job Title: \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_      Email: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF TEACHER/DIRECTOR

\_\_\_\_\_  
SIGNATURE OF TEACHER/DIRECTOR