

Upper School Teacher Evaluation Form (Science)

addressed and stamped of ATTN: Admission Off form to (770) 971-3770 o	ice, 2509 Post	Oak Tritt Roa	ad, Marietta, GÅ 3			
Child's Name :		Middle	Last			
Gender:				e: Scho	ool Year 20	to 20
Child's Current School:						
Address of Current School						
Signature of Parent or Legal G	uardian					
Attention Teachers: evaluation of this applic complete and return th 2509 Post Oak Tritt	cant. We appred is form <u>within se</u> Road, Mariett	tiate your coope even days to: M a, GA 30062.	ration; your evaluati t. Bethel Christia	on will be held	d in strict co	onfidence. Please
Please fill out the follow Current Science Tex						
Science course stude						
Is this remedial, on-						
Recommended cour	rse for next yea	ar:				
Would you recommend the student for a STEM Honors program? ☐ Yes ☐ Yes					□ No	
Please explain why or w	why not:					
Areas in which the appl	licant has the gre	eatest strengths	:			
Areas in which the appl	icant has the gre	eatest needs:				
Does this student receiving If so, please describe:	ve any learning s	support services	or accommodations	? :	□ Yes	□ No

Describe the ways the applicant contributes to your school community: (character, citizenship, leadership):						
Do you have any reason to question the applicant's academic		□ Yes	□ No			
If yes, please explain:						
Please describe parental support/involvement:						
In what capacity and how long have you known this child? If the need arises, may we contact you to discuss the applica		□ Yes	□ No			
Telephone: () Er						
PRINT NAME OF TEACHER S.	IGNATURE OF TEACHER					