



EASTMINSTER SCHOOL

LOWER SCHOOL TEACHER EVALUATION FORM

Please submit this form to your child's current teacher with a stamped envelope addressed to:

Admissions Office
Eastminster School
2450 Lennox Road
Conyers, GA 30094

Student _____ Current Grade _____

School currently attending _____

School Address _____

City/State/Zip _____

The student named above has applied for admission into _____ grade at Eastminster School for the academic year _____

Length of time in this school: _____

Does student have a satisfactory attendance record? _____

Please evaluate the following areas with a check mark:

	Excellent	Good	Average	Poor
General Attitude	<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"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maturity Age Level: ___Early ___Average ___Advanced

Reading Series/present level: _____

Math Series/present level: _____

Phonics Program/present level: _____

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect this student's progress. _____

Please list any area of academic advancement or special recognition awarded: _____

Please comment on the following:

Classroom Conduct/Discipline _____

Behavior/Attitude _____

Work/Study Habits _____

Peer Relationships _____

Has the student ever required any special program or other intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, English, Math or Other Program, or Behavior Modification? If yes, identify program. _____

Has the student ever been identified for a gifted program? _____

Parent Involvement:

_____ Very Supportive _____ Supportive _____ Average _____ Minimal _____ Adversarial _____

Comments: _____

Additional information: _____

Thank you for the time and effort you have taken in completing this evaluation.

Signature of person making report/Title

Telephone _____ Date _____