

# Grace Christian Academy

## Confidential Teacher Evaluation Form

**Parent/Legal Guardian:** Please fill out this section and deliver this form to your child's teacher. Include an addressed and stamped envelope to the school(s) where you wish this evaluation to be sent. The evaluator will mail these forms directly to Grace Christian Academy.

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

Male  Female Date of Birth: \_\_\_\_\_ Applying for Class: \_\_\_\_\_

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

Address of Current School: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**To Parent/Legal Guardian:** By submitting this evaluation form and in consideration of having this evaluation and your application considered by Grace Academy, you hereby release its employees and representatives, the evaluator, and the evaluator's employer from any and all claims and liability that may arise from the 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

How long and in what capacity have you known this applicant? \_\_\_\_\_

Please give explanations to any of the following categories or questions in the "Comments" section located on the reverse side of this form:

<b>Language/Communication Skills:</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Basis For Judgment</b>
Articulates words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequences events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Nonverbal and Physical Development</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Basis for Judgment</b>
Ability to Classify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor (hand-eye coordination, zips, buttons, stacks, cuts, hand-dominance, pencil grip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor (balance, movement through space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left-right orientation/awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observant	<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"/>
Recognition of patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Work Skills:</b>				
<b>Ability to work in a group</b>	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Occasionally has trouble	<input type="checkbox"/> Usually has difficulty	<input type="checkbox"/> Has great difficulty
<b>Ability to work independently</b>	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs constant help
<b>Attention Span</b>	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires frequent redirection
<b>Class participation</b>	<input type="checkbox"/> Joins in readily	<input type="checkbox"/> Contributes occasionally	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes
<b>Completes assignments</b>	<input type="checkbox"/> Consistently on time	<input type="checkbox"/> Usually on time	<input type="checkbox"/> Needs additional time	<input type="checkbox"/> Has difficulty
<b>Follows directions</b>	<input type="checkbox"/> Easily and accurately	<input type="checkbox"/> Usually	<input type="checkbox"/> Needs much explanation	<input type="checkbox"/> Rarely
<b>Eager and curious about learning</b>	<input type="checkbox"/> Intellectually curious	<input type="checkbox"/> Yes, if interested in topic	<input type="checkbox"/> Variable interest	<input type="checkbox"/> Would rather play than work

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

\_\_\_\_\_

\_\_\_\_\_

<b>Social/Emotional Development:</b>				
<b>Eye Contact</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Flexibility/Adaptability</b>	<input type="checkbox"/> Transitions easily	<input type="checkbox"/> Usually transitions easily	<input type="checkbox"/> Occasionally inflexible	<input type="checkbox"/> Rigid, excessive transition time
<b>Interaction with adults</b>	<input type="checkbox"/> Courteous	<input type="checkbox"/> Usually positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
<b>Interaction with peers</b> (Check all that apply)	<input type="checkbox"/> Role model <input type="checkbox"/> Engages eagerly <input type="checkbox"/> Positive leader	<input type="checkbox"/> Healthy relationships <input type="checkbox"/> Quiet, but contempt and happy <input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Occasional problems <input type="checkbox"/> Initiates interaction once comfortable <input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Relates poorly <input type="checkbox"/> Rarely interacts with others <input type="checkbox"/> Rarely leads
<b>Play behavior with peers</b>	<input type="checkbox"/> Plays well	<input type="checkbox"/> Usually plays well	<input type="checkbox"/> Occasionally plays well	<input type="checkbox"/> Does not play
<b>Respects authority</b>	<input type="checkbox"/> Role model	<input type="checkbox"/> Usually listens and obeys	<input type="checkbox"/> Occasionally listens and obeys	<input type="checkbox"/> Defiant and/or disrespectful
<b>Self- confidence</b>	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Seems over-confident	<input type="checkbox"/> Poor self-image
<b>Social problem solving</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Temperament</b> (Check all that apply)	<input type="checkbox"/> Joyful <input type="checkbox"/> Happy	<input type="checkbox"/> Even-tempered <input type="checkbox"/> Content	<input type="checkbox"/> Various moods <input type="checkbox"/> Nervous or withdrawn	<input type="checkbox"/> Hostile/angry <input type="checkbox"/> Bossy or aggressive

Has the applicant ever been a recipient of a special services program?  Yes  No

If yes, please explain: \_\_\_\_\_

Areas in which the applicant excels: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas in which the applicant has the greatest needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the ways the applicant contributes to your school community: (character, leadership, citizenship) \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
Evaluator's Signature (please sign and print)

\_\_\_\_\_  
Evaluator's Title

\_\_\_\_\_  
Date