



TEACHER EVALUATION FORM

PARENTS, PLEASE SUBMIT THIS FORM TO YOUR CHILD'S CURRENT TEACHER
WITH A STAMPED ENVELOPE ADDRESSED TO:

The Admissions Office
Chatham Academy
4 Oglethorpe Professional Blvd
Savannah, GA 31406

Student: _____ Current Grade: _____

School Currently Attending: _____

Address: _____

City/State/Zip: _____

TO: PRINCIPAL, TEACHER, or COUNSELOR

The student named above has applied for admission to ____ grade at Chatham Academy for the academic year _____.
Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student.

Length of time in this school: _____

Does student have a satisfactory attendance record? Yes No

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"/>
Relationship with Peers	<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: Below age level Average Advanced

Reading Series and present level of child - please explain: _____

Math Series and present level of child - please explain: _____

Phonics Series (type of program) and present level of child - please explain: _____

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

Classroom Conduct: Discipline - please comment: _____

Please comment on - Behavior/Attitude, Work/Study Habits, and Peer Relationships: _____

Has the student ever been recipient of a Special Services Program, i.e. a Learning Disability Resource Center, a Developmental Reading, English , or Math Program, or Behavior Modification?

Has the student ever been so advised to participate in such a program? Yes No

Parent attitude and degree of involvement - Please comment: _____

Additional helpful information: _____

Thank you for the time and effort you have taken in completing this evaluation.
Your recommendations do have a bearing on our decisions.

Signature of person completing report

Title

Telephone: _____ Date: _____