

Ava White Academy

Teacher Evaluation Form

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Gainesville, Ga. 30501

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Applicant's Name: _____ **Current Grade:** _____

I grant my permission for the following information to be sent to Ava White Academy. I understand that the information on this form becomes the confidential property of Ava White Academy and not subject to review.

Parent/guardian signature _____ *Date*

Evaluator's name: _____ School: _____

How long have you worked with the student? _____

In what capacity have you worked with the student? _____

Please rate the student in the following categories by placing a check in the appropriate column.

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
Preparation for Class					
Completion of Classwork					
Completion of Homework					
Organization					
Ability to follow directions					
Willingness to follow directions					
Oral Expression					
Written Expression					
Participation					
Effort					
Behavior					
Peer relations					
Respect for authority					
Emotional maturity					
Parental involvement					

Please comment on the student's overall academic skills, including strengths and weaknesses.

Has the student displayed any serious conduct problems? If yes, explain

signature

Date

*Please return this form to **Ava White Academy** at the address above. On the back of this page make any additional comments you feel would be beneficial to know in working with this student.*