



**TEACHER EVALUATION
(INSTRUCTIONS FOR THE PARENTS)**

Please fill in the name of the applicant, grade, and date. Then sign and give the form to your child's Teacher at his/her current school. Ask that it be completed and returned to **CELINA CHRISTIAN ACADEMY** in a sealed envelope. Thank you.

Name of Applicant: _____ Applying to Grade: _____

Signature of Parent or Guardian: _____ Date: _____

INSTRUCTIONS FOR THE TEACHER

My child is applying for admission to **CELINA CHRISTIAN ACADEMY**. I would appreciate your completion of this form and returning it directly to **CELINA CHRISTIAN ACADEMY**. I understand that this information is confidential and further acknowledge that there is no future liability for either your office or **CELINA CHRISTIAN ACADEMY** in the handling of this information.

Name of School: _____

Address: _____

Phone: _____ Length of time acquainted with student: _____

Name and title of person completing form: _____

How long have you known the student? _____ years _____ months

I have personally taught this child for _____ years _____ months

Do you feel this child performs BELOW AT ABOVE his/her potential?

Does the candidate have any significant limitations (physical, social, emotional, mental)? YES NO

If so, please explain: _____

Has outside support been suggested to the parent? YES NO

If so, please explain: _____

Has the student received outside support? YES NO

If so, in what form? _____

Are you aware of any circumstances that may affect the student's success in school? YES NO

If so, please explain: _____

Is the student eligible to pass to the next grade? YES NO To continue in your school? YES NO

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841 North Preston Road • P.O. Box 389 • Celina, TX 75009

Main: 972-382-2930 / Fax: 972-382-4055

www.CelinaChristian.org

TEACHER EVALUATION

	Exceptional	Above Average	Average	Fair	Poor
FAMILY					
• Supports Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Supports School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL ATTRIBUTES					
• Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interest in Non-Academic Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY SKILLS					
• Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Completes Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC PERFORMANCE					
• Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____

Signature/Title