



300 Tivoli Gardens
 Peachtree City, GA 30269
 Phone: (770) 632-1710 / FAX: (770) 632-1529
 www.thecampusway.com

Teacher Evaluation Form

Applicant's Name: _____ Current Grade _____

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

 parent/guardian signature

 Date

Evaluator's Name _____ School _____

For how long and in what capacity have you worked with this 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> |
|----------------------------------|------------------|-------------|----------------|----------------------|-------------|
| Ability to follow directions | | | | | |
| Behavior | | | | | |
| Completion of classwork | | | | | |
| Completion of homework | | | | | |
| Effort | | | | | |
| Oral expression | | | | | |
| Organization | | | | | |
| Parental involvement | | | | | |
| Participation | | | | | |
| Peer relations | | | | | |
| Preparation for class | | | | | |
| Respect for authority | | | | | |
| Willingness to follow directions | | | | | |
| Written expression | | | | | |

 Signature

 Date

*Please return this completed form to **The Campus**.
 On the back of this page, make any additional comments you feel would be beneficial to know in working with this student.*