

MATHEMATICS TEACHER'S STUDENT EVALUATION

(CONFIDENTIAL)

Applicant's Name: _____

Applying for GRADE: _____

Parent/Guardian: I waive both my right of access and that of my child to this evaluation form. I ask that the teacher complete this evaluation, sign the envelope flap and mail it directly to Fellowship Christian Academy.

Signature of Parent or Guardian

Date

To the Teacher: Please assess the above named student as compared with peers at the current school by completing both sides of the Student Evaluation Form.

Academic Performance in:	Superior	Good	Average	Below Average	Poor	Not Observed
MATHEMATICS						
Facts/Computation						
Skills/Concepts						
Problem-solving Skills						
Independent Work Level						
Word Problem Solving						
STUDY HABITS / SKILLS						
Degree of effort						
Ability to work independently						
Consistency of completion of work on time						
Attention Span						
Organization and care of material						
PERSONAL CHARACTERISTICS						
Peer relationships						
Attitude toward faculty/staff						
Assumption of responsibility						
Citizenship/Conduct						

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Please comment on the following:

1. Academic qualities (kindness, originality, creativity, reflectivity): _____

2. Social and emotional maturity compared with others of the same chronological age:

3. Special needs/Disabilities: _____

4. Areas of strength: _____

5. Areas of weakness: _____

6. Involvement in extra-curricular activities: _____

7. Parental Support and School Involvement: _____

8. Additional Comments: _____

I recommend I do not recommend I recommend with reservations

Teacher's Name: _____ Position: _____ Phone: _____

Signature of Teacher

Date

RETURN TO:
FELLOWSHIP CHRISTIAN ACADEMY
Director of Enrollment
1808 W. Camp Wisdom Road • Dallas, TX 75232
(T): 214-672-9200 • (F): 214-672-9201
e-mail: FCA@ocbfchurch.org • website: www.fcasoars.org
Igniting a brighter future in academic excellence