



**300 Tivoli Gardens**  
**Peachtree City, GA 30269**  
**Phone: (770) 632-1710 / FAX: (770) 631-3860**  
**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.*