



SAINT FRANCIS SCHOOL



Grades K – 8
9375 Willeo Road
Roswell, GA 30075
(770) 641-8257 Ph

Grades 9 – 12
13440 Cogburn Road
Milton, GA 30004
(678) 339-9989 Ph

PRINCIPALS

Ms. Colette Staak, High School
Mrs. Kathleen Hasling, Middle School
Mrs. Karen Harrison, Elementary School

HEADMASTER

Mrs. Linda Crawford

CHANCELLOR

Mr. Drew Buccellato

ADMISSIONS

Mr. Marc Weiss – Grades K-8
Mr. Brandon Bryan – Grades 9-12

BUSINESS OFFICE

Mr. Jeff Whitehurst

To Teacher – Kindergarten:

The attached form is a common evaluation form used by members of Atlanta Area Association of Independent Schools (AAIS). The purpose of this common form is to make the application process easier for evaluators. When the forms are completed, please keep a copy of each for your records.

The student named on the attached Confidential Common Teacher Evaluation Form has submitted an application for admission to Saint Francis School. Please complete this form and mail it to:

**Admissions Office
Saint Francis School
9375 Willeo Road
Roswell, GA 30075**

Or scan and email to Alanna Vimont, Admissions Administrative Assistant at avimont@sfschools.net

The information will not be included in the student's permanent file. Please confer with professional colleagues to ascertain information, if necessary. Thank you.

Evaluator's Name _____

Title _____

School _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

Applicant's Name _____ Grade Applying for _____

As part of the admission process, a representative may be contacting you to consult about or observe my child.

Parent Signature _____

Applicant's Name (First Last): _____

Atlanta Area Association of Independent Schools (AAAIS)

CURRENT TEACHER

Confidential Common Teacher Evaluation Form – Rising Kindergarten/Pre-First Applicant

Parent/Legal Guardian: Please fill out this section and deliver this form to your child's current teacher. Include an addressed and stamped envelope to the school(s) where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Admissions Office.

Applicant's Name: _____ Preferred Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Applying for Grade: _____

Applicant's Current School: _____

To Parent/Legal Guardian: By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of the Atlanta Area Association of Independent Schools (AAAIS), you hereby release said member, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from providing, obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and not become part of the student's permanent academic record.

Signature of Parent or Legal Guardian _____

Date _____

Current Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

Do you currently teach this applicant: ☐ Yes ☐ No Number of students in classroom: _____ Number of teachers in classroom: _____

How long have you known this applicant? _____ In what grade, subject, and/or capacity? _____

In what format did you instruct this applicant (in person, virtual, hybrid, etc.)? Please note if this format changed during the course of the year. _____

LANGUAGE/COMMUNICATION SKILLS:	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARDS AGE APPROPRIATE	AREA OF CONCERN
Clear articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequences events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on above: _____

NON-VERBAL & PHYSICAL DEVELOPMENT:	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARDS AGE APPROPRIATE	AREA OF CONCERN
Ability to classify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor (hand-eye coordination, zips, buttons, stacks, cuts, hand-dominance, pencil grip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor (balance, movement through space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left-right orientation/awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerates variety of stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on above: _____

CLASSROOM BEHAVIOR:

Ability to work in whole class	<input type="checkbox"/> Thrives	<input type="checkbox"/> Works well	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Needs Support
Ability to work in small group	<input type="checkbox"/> Thrives	<input type="checkbox"/> Works well	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Needs Support
Ability to work independently	<input type="checkbox"/> Thrives	<input type="checkbox"/> Works well	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Needs Support
Attention span	<input type="checkbox"/> Highly focused	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires redirection
Completes assignments on time	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Needs additional time	<input type="checkbox"/> Has difficulty
Eager and curious about learning	<input type="checkbox"/> Intellectually curious	<input type="checkbox"/> Yes, if interested in topic	<input type="checkbox"/> Variable interest	<input type="checkbox"/> Displays little interest
Follows directions	<input type="checkbox"/> Easily and accurately	<input type="checkbox"/> Usually	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Needs support
Takes initiative	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Transitions between tasks	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments on above: _____

SOCIAL/EMOTIONAL DEVELOPMENT:

Eye Contact	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Flexibility/adaptability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Respects authority	<input type="checkbox"/> Very Considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Occasionally considerate	<input type="checkbox"/> Rarely considerate
Self-esteem	<input type="checkbox"/> Excellent conduct	<input type="checkbox"/> Good conduct	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent misconduct
Social problem solving	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature
Uses adults as resources	<input type="checkbox"/> Very respectful	<input type="checkbox"/> Respectful	<input type="checkbox"/> Sometimes respectful	<input type="checkbox"/> Shows little respect
Interaction with adults	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Play behavior with peers	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Interaction with peers (check all that apply)	<input type="checkbox"/> Role model <input type="checkbox"/> Engages eagerly <input type="checkbox"/> Positive leader	<input type="checkbox"/> Healthy relationships <input type="checkbox"/> Quiet, but content and happy <input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Occasional problems <input type="checkbox"/> Initiates once comfortable <input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Relates poorly <input type="checkbox"/> Rarely interacts with others <input type="checkbox"/> Rarely leads

Comments on above: _____

Please comment on the applicant's temperament in the classroom: _____

Areas in which the applicant has the greatest strengths: _____

Areas in which the applicant has the greatest needs: _____

How does the applicant demonstrate leadership in your classroom? _____

What three words come to mind when you think of this applicant? _____

Has/have the parent(s) of this child been:	CONSISTENTLY	USUALLY	SOMETIMES	RARELY
Supportive of the child's experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive of your school's routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive of you as a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow through on suggestions/guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realistic in setting educational goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on above: _____

Are absences excessive? ☐ Yes ☐ No

Are tardies excessive? ☐ Yes ☐ No

If yes to either, please comment: _____

Additional comments: _____

Thank you for your time and evaluation of this applicant. May we contact you if we have questions?

Telephone: _____ Email: _____

Current Teacher's Signature (please sign and print)

Job Title

Date

Principal's Signature (please sign and print) - **Required**

Date