



# 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 – Director K-8  
Mr. Brandon Bryan – Grades 9-12

## **BUSINESS OFFICE**

Mr. Jeff Whitehurst

### **To Math Teacher– Grades 6-8:**

The attached form is a common evaluation form used by members of Atlanta Area Association of Independent Schools (AAAIS). 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 made application for admission to Saint Francis School. Please complete this form and mail it to:

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

Or scan and email to Marc Weiss, Admissions Director at [mweiss@sfschools.net](mailto:mweiss@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 MATH TEACHER

Confidential Common Teacher Evaluation Form - Rising 6<sup>th</sup> through 12<sup>th</sup> Grades

**Parent/Legal Guardian:** Please fill out this section and deliver this form to your child's current math 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 strictest confidence.

Please confirm that you currently teach this applicant: ☐ Yes ☐ No How long have you known this applicant? \_\_\_\_\_

In what grade, subject, and/or capacity? \_\_\_\_\_

Number of students in classroom: \_\_\_\_\_ Number of teachers in classroom: \_\_\_\_\_

Please describe the course, including textbooks and materials used, topics covered, and course level/track (if appropriate): \_\_\_\_\_

MATH:	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next year, what math course and/or track would be the most appropriate placement for this applicant? \_\_\_\_\_

Comments on above: \_\_\_\_\_

ACADEMIC SKILLS:	EXCELLENT	GOOD	FAIR	POOR/LIMITED
Academic Potential	<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"/>
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<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"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Take Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on above: \_\_\_\_\_

WORK SKILLS:				
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
Fine motor skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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

Comments on above: \_\_\_\_\_



**SOCIAL SKILLS & PERSONAL QUALITIES:**

Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Citizenship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Concern for others	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Occasionally considerate	<input type="checkbox"/> Rarely considerate
Displays appropriate conduct	<input type="checkbox"/> Excellent conduct	<input type="checkbox"/> Good conduct	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent misconduct
Emotional maturity	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature
Relationships with adults	<input type="checkbox"/> Very respectful	<input type="checkbox"/> Respectful	<input type="checkbox"/> Sometimes respectful	<input type="checkbox"/> Shows little respect
Relationships with peers	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Resilience	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Responsibility	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
Self-control	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Self-esteem	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Sense of humor	<input type="checkbox"/> Highly developed	<input type="checkbox"/> Good	<input type="checkbox"/> Fair humor	<input type="checkbox"/> Poorly developed
Spirit of cooperation	<input type="checkbox"/> Very cooperative	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Occasionally cooperative	<input type="checkbox"/> Rarely cooperative
Warmth of personality	<input type="checkbox"/> Very friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly

Comments on above: \_\_\_\_\_

Is the applicant a recipient of a special services program?

- |   |  |   |   |                              |
|---|--|---|---|------------------------------|
| <input type="checkbox"/> Gifted         | <input type="checkbox"/> Modified curriculum                 | <input type="checkbox"/> Preferential seating   | <input type="checkbox"/> Extended time        | <input type="checkbox"/> N/A |
| <input type="checkbox"/> IEP, 504, etc. | <input type="checkbox"/> Learning disability resource center | <input type="checkbox"/> Extra help or tutoring | <input type="checkbox"/> Assistive technology |                              |

If yes, please explain: \_\_\_\_\_

Areas in which the applicant has the greatest strengths: \_\_\_\_\_

Areas in which the applicant has the greatest needs: \_\_\_\_\_

Please describe the applicant's academic and personal integrity: \_\_\_\_\_

How does the applicant demonstrate leadership in your classroom? \_\_\_\_\_

Please comment on the applicant's character, citizenship, and contributions to your school community: \_\_\_\_\_

What three words come to mind when you think of this student? \_\_\_\_\_

Please describe parental support/involvement: \_\_\_\_\_

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