



SAINT FRANCIS HIGH SCHOOL

13440 Cogburn Road | Milton, GA 30004
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**PRINCIPAL**

Ms. Colette Staak

HEADMASTER

Mrs. Linda Crawford

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Mr. Brandon Bates

DEANS OF STUDENTS

Mr. Brad Etter
Mr. Anthony Cipriani

CHANCELLOR

Mr. Drew Buccellato

**ASSOCIATE ATHLETIC
DIRECTOR**

Mrs. Aisha Kennedy

HS ADMISSIONS

Mr. Brandon Bryan

BUSINESS OFFICE

Mr. Jeff Whitehurst

To Math Teacher:

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 in the student's file. If one or more AAAIS schools request information on a student, you will be able to copy the forms in his/her file and mail them to the school.

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 High School, 13440 Cogburn Road, Milton, GA 30004. 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 _____

Applicant's Name (First Last): _____

Atlanta Area Association of Independent Schools (AAAIS)

CURRENT MATH TEACHER

Confidential Common Teacher Evaluation Form – Rising 6th through 12th Grades

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 know 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. _____

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

| MATH: | EXCELLENT | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | N/A |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to grasp new concepts | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Knowledge of basic skills | <input type="checkbox"/> | <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"/> |
| 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"/> |
| 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: _____

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