

Confidential Teacher Evaluation Form

Top portion to be filled out by parent or guardian:

Student's Name: _____

Student's current school: _____

Current school's address: _____

Name of main teacher: _____

Please complete the bottom portion of this form and mail it to
Brookwood Christian School, 4728 Wood Street, Acworth, GA 30101
or email to office@brookwoodchristian.com

Signature of parent or guardian: _____

Bottom portion to be filled out by teacher:

Personal Traits	Above Avg	Average	Below Avg
Relationships with adults			
Relationships with peers			
Independence with work			
Self Help/Independence			
Self esteem			
Self control			
Respectfulness			
Effort			
Behavior			

Please describe how this child learns and any other ideas that will help us best serve this child.