

The Bedford School

Teacher Evaluation Form

5665 Milam Road/Fairburn, GA 30213
 Phone:(770)774-8001/FAX:(770)774-8005

Applicant's Name _____ Current Grade _____

I grant my permission for the following information to be sent to The Bedford School. I understand that the information on this form becomes the confidential property of The Bedford School and not subject to review.

parent / guardian signature

date

Evaluator's name _____ School _____

How long have you worked with the student? _____

In what capacity have you worked with the 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>
Preparation for class					
Completion of classwork					
Completion of homework					
Organization					
Ability to follow directions					
Willingness to follow directions					
Oral Expression					
Written Expression					
Participation					
Effort					
Behavior					
Peer Relations					
Respect for Authority					
Emotional Maturity					
Parental involvement					

Please comment on the student's overall academic skills, including strengths and weaknesses.

Has the student displayed any serious conduct problems? _____ If yes, explain.

signature

date

Please return this form to **The Bedford School** at the address above.

On the back of this page, make any additional comments you feel would be beneficial to know in working with this student.