



6TH GRADE – 12TH GRADE

*Application for
Admission*



QUICK FACTS

This mission of Mount Pisgah Christian School is to provide students an outstanding college-preparatory education grounded in Christian faith and values.

Mount Pisgah Christian School Core Values

Unity

Excellence

Christ-Focused

Accountability

Integrity

Accreditations and Affiliations

Southern Association of Colleges and Schools (SACS)

Georgia Independent School Association (GISA)

Southern Association of Independent Schools (SAIS)

Atlanta Area Association of Independent Schools (AAAIS)

Georgia Preschool Association

Georgia Middle School Association

National Council of Teachers of Math

National Council of Teachers of English

Georgia High School Athletic Association (GHSA)

Annual Tuition

Tuition payments may be made annually, quarterly or monthly.

Annual tuition is subject to change as approved by the Board of

Trustees. Financial assistance is available to qualified families.

For more information call the Office of Admission at 678.336.3443 or

visit our website at www.experiencepisgah.org

All admission forms are available on the website.



CHECKLIST FOR APPLICATION PROCESS

APPLICATION DEADLINE: FEBRUARY 28

MIDDLE SCHOOL APPLICATIONS:

COMPLETED DATE

- Attend Middle School Tour
- Submit completed application and application fee of \$125
- Submit AAAIS Confidential Common Teacher Evaluation Form and Transcript Release Authorization Form to child's current school
- Schedule Interview
- Sign child up for SSAT (more info at www.ssat.org)
- Family Interview
- Submit immunization and eye/ear/dental forms

UPPER SCHOOL APPLICATIONS:

COMPLETED DATE

- Attend Upper School Tour
- Submit completed application and application fee of \$125
- Submit AAAIS Confidential Common Teacher Evaluation Form and Transcript Release Authorization Form to child's current school
- Schedule Interview
- Family Interview
- Sign child up for SSAT (more info at www.ssat.org)
- Submit immunization and eye/ear/dental forms

For school information, please visit our website at www.experiencepisgah.org

**All admission forms are available on the website.



APPLICATION FOR ADMISSION

(Please include application fee)

TODAY'S DATE _____/_____/_____

SCHOOL YEAR _____/_____

Student's age as of September 1 _____

Grade Applying: (please check the appropriate box)

- 6th Grade
- 8th Grade
- 10th Grade
- 12th Grade
- 7th Grade
- 9th Grade
- 11th Grade

Name of Applicant _____

LAST NAME

FIRST NAME

MIDDLE NAME

PREFERRED NAME

Birthdate _____/_____/_____ Male Female Birthplace _____ SSN # _____ - _____ - _____

MONTH DATE YEAR

Address _____

STREET

CITY

STATE

ZIP CODE

SUBDIVISION

COUNTY

HOW MANY YEARS AT THIS ADDRESS

Home Phone _____ Listed Unlisted

Current School _____ NAME CITY STATE COUNTRY YEAR to YEAR

Previous School _____ NAME CITY STATE COUNTRY YEAR to YEAR

Previous School _____ NAME CITY STATE COUNTRY YEAR to YEAR

Most frequently viewed e-mail address _____

Nationality African American American Indian Asian/Pacific American Caucasian Latino/Hispanic Middle Eastern Multiracial Other _____

Sibling Name(s) Age Grade Current School Applying to Mount Pisgah?

Parents are: Residing Together Divorced Separated Mother - Deceased Father - Deceased

Custody (if applicable): Father Mother Joint Student Resides with _____

Father Stepfather Guardian Other Mother Stepmother Guardian Other

MR., DR. NAME

MRS., MS., DR. NAME

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

HOME PHONE (IF DIFFERENT FROM ABOVE)

HOME PHONE (IF DIFFERENT FROM ABOVE)

CELL PHONE

CELL PHONE

EMPLOYER BUSINESS PHONE

EMPLOYER BUSINESS PHONE

POSITION/OCCUPATION

POSITION/OCCUPATION

BUSINESS STREET ADDRESS CITY STATE ZIP

BUSINESS STREET ADDRESS CITY STATE ZIP

GRANDPARENT(S) NAME(S)

GRANDPARENT(S) NAME(S)

STREET ADDRESS CITY STATE ZIP

STREET ADDRESS CITY STATE ZIP

Has the applicant ever been suspended, expelled or withdrawn from any school for any reason? If yes, please attach full details, including name of school, year and contact person for further details.

How did you hear about Mount Pisgah Christian School? website church members friends
 advertisements other

Religious Affiliation Current Church Membership

Has the applicant ever attended a school or program designed for students who have academic or other needs (such as programs for the gifted, special learning, etc.)? If so, please describe.

Has your son/daughter undergone educational evaluation or received professional, psychological or personal counseling? If yes, please explain.

Please indicate any ongoing medical conditions and describe their usual treatment. This may include special diets, prescriptions or limitations on normal activities.

Does your son/daughter take any medication on a regular basis? If yes, please specify medicine and dosage.

Has the applicant undergone evaluations/interventions outside of the school setting (including, but not limited to: occupational therapy, speech and language therapy, learning specialist)? If yes, please explain.

Please send: Newsletter & Invitations Mailings E-mail No Mail

Party responsible for tuition (if other than parent)

Relationship

STATEMENT OF ACCURACY AND AUTHENTICITY:

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the school reserves the right to reconsider the admission of this applicant.

Signature of Parent/Guardian Date



PARENT/GUARDIAN QUESTIONNAIRE

Applicant's Name Applying for grade
Name of person(s) filling out form
Today's date

1. What qualities of character and mind in your son/daughter most delight you?

2. What do you believe your son/daughter will contribute to the school community?

3. What has posed the biggest academic and/or extracurricular challenge for your child?

4. Is there anything about the sequence of your child's schooling that we should know? Did your son or daughter ever skip or repeat a year? Was your son or daughter ever asked to withdraw from school, suspended or placed on probation?



PARENT STATEMENT OF AGREEMENT

I understand and agree to the following conditions from the MPCS Family Handbook:

1. I understand that Mount Pisgah Christian School is not a covenant school; however, I agree that Christian education is a cooperative undertaking among the school, parents and student. Therefore, the mission, policies and educational philosophy of Mount Pisgah Christian School will receive our support and that of our son or daughter at and away from school. The lack of such support may be grounds for not being permitted to re-enroll and, in extreme cases, for dismissal from school according to school policies.
2. We agree as parents to maintain for our son or daughter an environment away from school which is compatible with the school, especially in the area of moral standards.
3. We understand that if our child uses or possesses illegal drugs, alcohol or tobacco products at or away from school that he or she may be dismissed from school or subjected to other disciplinary measures.
4. Students are admitted for one year at a time, and the school reserves the right of suspension or dismissal for cause at any time during the school year. Any pupil who persistently neglects work, who fails to meet academic standards, who exercises poor citizenship or who fails to cooperate may be asked to withdraw from school.

Signature of Both Parents/ Guardians

Date



STUDENT STATEMENT OF AGREEMENT

Mount Pisgah Christian School strives to provide an atmosphere in which students develop intellectually, socially and spiritually. In an effort to create this atmosphere, values are taught, learned and practiced every day. Students are expected to behave with honor at all times. We encourage and foster honorable behavior by making clear that there will be no lying, stealing, cheating, plagiarizing or condoning the behavior of those who do.

I understand the following conditions of admission from the MPCS Family Handbook:

1. If admitted, I will not lie, cheat, steal, copy the work of others nor tolerate those who do. As a student of Mount Pisgah Christian School, I will do my utmost to assure adherence to the Honor Code.
2. Mount Pisgah Christian School forbids the use of alcohol, tobacco and illegal drugs by students both on and off campus. Possession or use of alcohol, tobacco or illegal drugs on or off campus will be grounds for dismissal or other disciplinary measures.
3. My education is a cooperative undertaking among the school, my parents and me. I agree to support the mission, policies and educational philosophy of Mount Pisgah Christian School on and away from campus.
4. I authorize Mount Pisgah Christian School to contact current and previous schools or other sources to obtain information to support this application. I agree not to seek access to confidential recommendations or evaluation materials provided by previous schools, administrators, counselors, pastors or other sources before or after admission.

I have read and reviewed this statement with my child will support school policies if my child is admitted to Mount Pisgah Christian School.

.....
Parent Signature

.....
Date

I have read and reviewed this statement and will support school policies if I am admitted to Mount Pisgah Christian School.

.....
Student Signature

.....
Date

*Mount Pisgah Christian School
admits students of any race, color, sex, national and ethnic origin to all rights, privileges, programs and activities
generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, sex or
national origin in athletic and other school-administered programs.*



STUDENT QUESTIONNAIRE

PART ONE: WRITING SAMPLE

Complete the writing assignment on separate paper and attach it to the application.

The mission of Mount Pisgah Christian School is to provide students an outstanding college-preparatory education grounded in Christian faith and values. What does this mission statement mean to you? What are the benefits of being in this type of school environment?

PART TWO:

List or describe those activities in which you have been involved. Describe the level of your participation and the length of your involvement. Include any awards or distinctions if applicable.

Fine Arts (Performing/Visual/Vocal/Literary)

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Athletics

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Other Interests/ Hobbies

.....
.....
.....
.....



9820 Nesbit Ferry Road, Johns Creek, GA 30022
p 678 336 3443 www.experiencepisgah.org



TRANSCRIPT RELEASE AUTHORIZATION

Instructions to Parents:

Please complete this form and ask your school to mail your child's complete transcript, along with the enclosed evaluation forms, to Mount Pisgah Christian School.

Student's Name Applying to Grade

LAST

FIRST

NAME CALLED BY

Current School School Phone

Address

I, the undersigned, authorize you to release to MPCS my child's certified copy of the complete transcript **(including grades, credits, all standardized test results, discipline records and immunizations.)** I also authorize you to send all end-of-year scores immediately upon availability. I understand that the evaluation becomes the confidential property of MPCS and is not subject to parental review.

Signature of Parent or Legal Guardian Date



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Atlanta Area Association of Independent Schools (AAAIS)
**CONFIDENTIAL COMMON PRINCIPAL/
 COUNSELOR EVALUATION FORM**
 6TH GRADE – 12TH GRADE

Applicant's Name
FIRST MIDDLE LAST

Applying for Grade Age level Male Female

Applicant's Current School

Address of Current School
CITY STATE ZIP

Telephone Number

To Parent/Legal Guardian: Please deliver this form to your child's guidance counselor or principal along with the transcript request form. The evaluator will mail these forms directly to the Admission Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of Atlanta Area Association of Independent Schools, 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 the 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 evaluation will remain confidential and not become part of the student's permanent academic record.*

.....
 Signature of Parent or Legal Guardian Date

How long has the applicant been enrolled in your school?

How long and in what capacity have you known the applicant?

Please comment on the applicant's attitude toward school

What is your candid estimation of the applicant's personal qualities?

To your knowledge, has the applicant had any history of serious conduct problems? Yes No
 If yes, please explain:

Has the applicant ever been expelled or suspended? If yes, please explain: Yes No

To your knowledge, has the applicant had a history of illegal substance use or juvenile delinquency problems? If yes, please explain: Yes No

Will the applicant be permitted to re-enroll in your school? If no, please explain: Yes No

To your knowledge, is the applicant's record a true indication of his/her ability, or have outside circumstances interfered with academic achievement? If not, please explain: Yes No



Atlanta Area Association of Independent Schools (AAAIS) CONFIDENTIAL COMMON PRINCIPAL/ COUNSELOR EVALUATION FORM 6TH GRADE – 12TH GRADE

Is the applicant currently involved with extracurricular activities? If yes, please explain:

Yes No

Would the applicant take advantage of such activities in the future if offered?

Yes No

Has the applicant ever been a recipient of a special services program, i.e. gifted, learning disability resource center, etc.? If yes please explain:

Yes No

Has the applicant been recognized for outstanding academic, athletic or artistic performance?

Yes Not to my knowledge

Please describe parental support/involvement:

.....
.....

Personal Characteristics and Qualities

Peer relations	<input type="checkbox"/> role model	<input type="checkbox"/> healthy relationships	<input type="checkbox"/> occasional problems	<input type="checkbox"/> relates poorly
Relationships with adults	<input type="checkbox"/> courteous	<input type="checkbox"/> usually positive	<input type="checkbox"/> occasional problems	<input type="checkbox"/> shows little respect
Displays appropriate conduct	<input type="checkbox"/> good conduct	<input type="checkbox"/> usually good conduct	<input type="checkbox"/> occasional misconduct	<input type="checkbox"/> poor conduct
Integrity	<input type="checkbox"/> highly trustworthy	<input type="checkbox"/> trustworthy	<input type="checkbox"/> usually trustworthy	<input type="checkbox"/> questionable
Concern for others	<input type="checkbox"/> very considerate	<input type="checkbox"/> considerate	<input type="checkbox"/> usually considerate	<input type="checkbox"/> rarely considerate
Warmth of personality	<input type="checkbox"/> always friendly	<input type="checkbox"/> usually friendly	<input type="checkbox"/> occasionally friendly	<input type="checkbox"/> rarely friendly
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"/> always cooperates	<input type="checkbox"/> cooperates	<input type="checkbox"/> occasionally cooperates	<input type="checkbox"/> poor cooperation
Citizenship	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Attitude toward school	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Leadership potential	<input type="checkbox"/> leader	<input type="checkbox"/> can follow or lead	<input type="checkbox"/> leads on occasion	<input type="checkbox"/> rarely leads
Self confidence	<input type="checkbox"/> healthy self image	<input type="checkbox"/> needs some support	<input type="checkbox"/> seems overconfident	<input type="checkbox"/> poor self
Reaction to criticism	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Responsible	<input type="checkbox"/> very responsible	<input type="checkbox"/> usually responsible	<input type="checkbox"/> sometimes responsible	<input type="checkbox"/> rarely responsible
Emotional maturity	<input type="checkbox"/> very mature	<input type="checkbox"/> age appropriate	<input type="checkbox"/> sometimes immature	<input type="checkbox"/> very immature
Attention span	<input type="checkbox"/> actively engaged	<input type="checkbox"/> attentive	<input type="checkbox"/> variable attention	<input type="checkbox"/> requires redirection

Additional comments

.....
.....

Signature of Principal/Counselor

Evaluator's Title

Date



Atlanta Area Association of Independent Schools (AAAIS)

CONFIDENTIAL COMMON TEACHER EVALUATION FORM (MATH)

6TH GRADE – 12TH GRADE

- English/Language Arts Teacher (Required)
- Math Teacher (Required)
- Other – (Optional)

Applicant's Name
FIRST MIDDLE LAST

Applying for Grade Age level Male Female

Applicant's Current School
CITY STATE ZIP

Address of Current School

Telephone Number

To Parent/Legal Guardian: Please deliver this form to your child's teacher. The evaluator will mail these forms directly to the Admission Office. 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 the providing, obtaining or using of 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

How long and in what capacity have you known this applicant?

Please give explanations to any of the following categories or questions in the "Comments" section located on the reverse side of this form:

Academic Characteristics and Qualities

ACADEMIC SKILLS	EXCELLENT	GOOD	FAIR	POOR/ LIMITED	NO BASIS FOR JUDGMENT
MATH:					
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Math Series:					



Atlanta Area Association of Independent Schools (AAAIS)

CONFIDENTIAL COMMON TEACHER EVALUATION FORM (MATH)

6TH GRADE – 12TH GRADE

CATEGORIES	EXCELLENT	GOOD	FAIR	POOR/ LIMITED	NO BASIS FOR JUDGMENT
Oral Expression	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|--|---|--|---|---|
| Class participation: | <input type="checkbox"/> Joins in readily | <input type="checkbox"/> Contributes occasionally | <input type="checkbox"/> Wants to dominate | <input type="checkbox"/> Rarely contributes |
| Ability to work in a group: | <input type="checkbox"/> Always works well | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Has difficulty | <input type="checkbox"/> Has great difficulty |
| Ability to work independently: | <input type="checkbox"/> Always works well | <input type="checkbox"/> Needs help occasionally | <input type="checkbox"/> Needs help frequently | <input type="checkbox"/> Needs constant help |
| Ability to complete assignments on time: | <input type="checkbox"/> Always completes on time | <input type="checkbox"/> Usually completes on time | <input type="checkbox"/> Needs additional time | <input type="checkbox"/> Has difficulty |
| Follows directions: | <input type="checkbox"/> Easily and accurately | <input type="checkbox"/> Occasionally needs help | <input type="checkbox"/> Needs much explanation | <input type="checkbox"/> Rarely |
| Takes initiative: | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

Has the applicant ever been a recipient of a special services program, i.e. gifted, learning disability resource center, etc.? If yes, please explain: Yes No

.....

.....

.....

Is the applicant currently involved with extracurricular activities? If yes, please explain: Yes No

.....

.....

Would the applicant take advantage of such activities in the future if offered? If yes, please explain: Yes No

.....

Do you have any reason to question the applicant's academic or personal integrity? If yes, please explain. Yes No

.....

.....

Areas in which the applicant has the greatest strengths:

.....

.....



Atlanta Area Association of Independent Schools (AAAIS)

CONFIDENTIAL COMMON TEACHER EVALUATION FORM (MATH)

6TH GRADE – 12TH GRADE

Areas in which the applicant has the greatest needs: _____

Describe the ways in which the applicant contributes to your school community:
 (character, citizenship, leadership)

Please describe parental support/involvement: _____



- | | | | | |
|---------------------------------|---|--|--|--|
| Peer relations: | <input type="checkbox"/> role model | <input type="checkbox"/> healthy relationships | <input type="checkbox"/> occasional problems | <input type="checkbox"/> relates poorly |
| Relationships with adults: | <input type="checkbox"/> courteous | <input type="checkbox"/> usually positive | <input type="checkbox"/> occasional problems | <input type="checkbox"/> shows little respect |
| Conduct: | <input type="checkbox"/> good conduct | <input type="checkbox"/> usually good conduct | <input type="checkbox"/> occasional misconduct | <input type="checkbox"/> poor conduct |
| Integrity: | <input type="checkbox"/> highly trustworthy | <input type="checkbox"/> trustworthy | <input type="checkbox"/> usually trustworthy | <input type="checkbox"/> questionable |
| Concern for others: | <input type="checkbox"/> very considerate | <input type="checkbox"/> considerate | <input type="checkbox"/> usually considerate | <input type="checkbox"/> rarely considerate |
| Warmth of personality: | <input type="checkbox"/> always friendly | <input type="checkbox"/> usually friendly | <input type="checkbox"/> occasionally friendly | <input type="checkbox"/> rarely friendly |
| 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"/> always cooperates | <input type="checkbox"/> cooperates | <input type="checkbox"/> occasionally cooperates | <input type="checkbox"/> poor cooperation |
| Citizenship: | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Attitude toward school: | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Leadership potential: | <input type="checkbox"/> leader | <input type="checkbox"/> can follow or lead | <input type="checkbox"/> leads on occasion | <input type="checkbox"/> rarely leads |
| Self confidence: | <input type="checkbox"/> healthy self-image | <input type="checkbox"/> needs some support | <input type="checkbox"/> seems over confident | <input type="checkbox"/> poor self-image |
| Reaction to criticism/setbacks: | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Responsible: | <input type="checkbox"/> very responsible | <input type="checkbox"/> usually responsible | <input type="checkbox"/> sometimes responsible | <input type="checkbox"/> rarely responsible |
| Emotional maturity: | <input type="checkbox"/> very mature | <input type="checkbox"/> age appropriate | <input type="checkbox"/> sometimes immature | <input type="checkbox"/> very immature |
| Attention span: | <input type="checkbox"/> actively engaged | <input type="checkbox"/> attentive | <input type="checkbox"/> variable attention | <input type="checkbox"/> requires frequent redirection |

Comments _____

 Evaluator's Signature

 Evaluator's Title

 Date



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Atlanta Area Association of Independent Schools (AAAIS)

CONFIDENTIAL COMMON TEACHER EVALUATION FORM (LANGUAGE ARTS)

6TH GRADE – 12TH GRADE

- English/Language Arts Teacher (Required)
- Math Teacher (Required)
- Other – (Optional)

Applicant's Name
FIRST MIDDLE LAST

Applying for Grade Age level Male Female

Applicant's Current School
CITY STATE ZIP

Address of Current School

Telephone Number

To Parent/Legal Guardian: Please deliver this form to your child's teacher. The evaluator will mail these forms directly to the Admission Office. 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 the providing, obtaining or using of 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

How long and in what capacity have you known this applicant?

Please give explanations to any of the following categories or questions in the "Comments" section located on the reverse side of this form:

Academic Characteristics and Qualities

ACADEMIC SKILLS	EXCELLENT	GOOD	FAIR	POOR/ LIMITED	NO BASIS FOR JUDGMENT
ENGLISH/LANGUAGE ARTS:					
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression: Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Names of textbooks and publishers:



Atlanta Area Association of Independent Schools (AAAIS)

CONFIDENTIAL COMMON TEACHER EVALUATION FORM (LANGUAGE ARTS)

6TH GRADE – 12TH GRADE

CATEGORIES	EXCELLENT	GOOD	FAIR	POOR/ LIMITED	NO BASIS FOR JUDGMENT
Oral Expression	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|--|---|--|---|---|
| Class participation: | <input type="checkbox"/> Joins in readily | <input type="checkbox"/> Contributes occasionally | <input type="checkbox"/> Wants to dominate | <input type="checkbox"/> Rarely contributes |
| Ability to work in a group: | <input type="checkbox"/> Always works well | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Has difficulty | <input type="checkbox"/> Has great difficulty |
| Ability to work independently: | <input type="checkbox"/> Always works well | <input type="checkbox"/> Needs help occasionally | <input type="checkbox"/> Needs help frequently | <input type="checkbox"/> Needs constant help |
| Ability to complete assignments on time: | <input type="checkbox"/> Always completes on time | <input type="checkbox"/> Usually completes on time | <input type="checkbox"/> Needs additional time | <input type="checkbox"/> Has difficulty |
| Follows directions: | <input type="checkbox"/> Easily and accurately | <input type="checkbox"/> Occasionally needs help | <input type="checkbox"/> Needs much explanation | <input type="checkbox"/> Rarely |
| Takes initiative: | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

Has the applicant ever been a recipient of a special services program, i.e. gifted, learning disability resource center, etc.? If yes, please explain: Yes No

.....

.....

.....

Is the applicant currently involved with extracurricular activities? If yes, please explain: Yes No

.....

.....

Would the applicant take advantage of such activities in the future if offered? If yes, please explain: Yes No

.....

Do you have any reason to question the applicant's academic or personal integrity? If yes, please explain: Yes No

.....

.....

Areas in which the applicant has the greatest strengths:

.....

.....



Atlanta Area Association of Independent Schools (AAAIS) CONFIDENTIAL COMMON TEACHER EVALUATION FORM (LANGUAGE ARTS) 6TH GRADE – 12TH GRADE

Areas in which the applicant has the greatest needs: _____

Describe the ways in which the applicant contributes to your school community:
 (character, citizenship, leadership)

Please describe parental support/involvement: _____



- | | | | | |
|---------------------------------|---|--|--|--|
| Peer Relations: | <input type="checkbox"/> role model | <input type="checkbox"/> healthy relationships | <input type="checkbox"/> occasional problems | <input type="checkbox"/> relates poorly |
| Relationships with adults: | <input type="checkbox"/> courteous | <input type="checkbox"/> usually positive | <input type="checkbox"/> occasional problems | <input type="checkbox"/> shows little respect |
| Conduct: | <input type="checkbox"/> good conduct | <input type="checkbox"/> usually good conduct | <input type="checkbox"/> occasional misconduct | <input type="checkbox"/> poor conduct |
| Integrity: | <input type="checkbox"/> highly trustworthy | <input type="checkbox"/> trustworthy | <input type="checkbox"/> usually trustworthy | <input type="checkbox"/> questionable |
| Concern for others: | <input type="checkbox"/> very considerate | <input type="checkbox"/> considerate | <input type="checkbox"/> usually considerate | <input type="checkbox"/> rarely considerate |
| Warmth of personality: | <input type="checkbox"/> always friendly | <input type="checkbox"/> usually friendly | <input type="checkbox"/> occasionally friendly | <input type="checkbox"/> rarely friendly |
| 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"/> always cooperates | <input type="checkbox"/> cooperates | <input type="checkbox"/> occasionally cooperates | <input type="checkbox"/> poor cooperation |
| Citizenship: | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Attitude toward school: | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Leadership potential: | <input type="checkbox"/> leader | <input type="checkbox"/> can follow or lead | <input type="checkbox"/> leads on occasion | <input type="checkbox"/> rarely leads |
| Self confidence: | <input type="checkbox"/> healthy self-image | <input type="checkbox"/> needs some support | <input type="checkbox"/> seems over confident | <input type="checkbox"/> poor self-image |
| Reaction to criticism/setbacks: | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Responsible: | <input type="checkbox"/> very responsible | <input type="checkbox"/> usually responsible | <input type="checkbox"/> sometimes responsible | <input type="checkbox"/> rarely responsible |
| Emotional maturity: | <input type="checkbox"/> very mature | <input type="checkbox"/> age appropriate | <input type="checkbox"/> sometimes immature | <input type="checkbox"/> very immature |
| Attention span: | <input type="checkbox"/> actively engaged | <input type="checkbox"/> attentive | <input type="checkbox"/> variable attention | <input type="checkbox"/> requires frequent redirection |

Comments _____

 Evaluator's Signature Evaluator's Title Date



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