



**MATHEMATICS TEACHER EVALUATION – page 2**

Describe the applicant’s overall academic performance:

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<b>Study Habits</b>	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Personal Characteristics</b>	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
Peer compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship/conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination	<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"/>

In your opinion, what three words best describe the applicant?

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Has the applicant’s attendance record been satisfactory?     Yes             No

**Please indicate your opinion by circling your response:**

<b>Leadership &amp; Responsibility</b>	Outstanding top positions	Commendable top or next to top positions	Capable minor positions	No sign of leadership involvement	Record of irresponsibility
<b>Initiative, Drive</b>	Outstanding, Resourceful	Well above average	Generally strong	Occasionally weak	Very weak or lacking
<b>Personal Qualities</b>	Superior personal qualities	Great strengths in personal qualities	Strengths outweigh weaknesses	Somewhat immature for age	Very immature
<b>Emotional Stability</b>	Extremely well balanced	Well balanced	Usually no problems	Some problems	Many problems
<b>Peer Relationships</b>	Highly respected, well liked	Respected/liked	Accepted, but not sought out	Some difficulty	Poor/unhealthy

**MATHEMATICS TEACHER EVALUATION – page 3**

**Please indicate your opinion by circling your response:**

<b>Interest in Non-Academic Activities</b>	Outstanding	Commendable, top or next to top	Active	Minor participation	No participation	
<b>Parental Support of Student</b>	Outstanding	Above average	Average	Below average	Poor	
<b>Parental Support of School</b>	Outstanding	Above average	Average	Below average	Poor	
<b>Summary as a Student</b>	Outstanding	Above average	Average	Below average	Poor	
<b>Spiritual Maturity</b>	Outstanding	Above average	Average	Below average	Poor	N/A

Please indicate student's outstanding talents, accomplishments, or reservations not covered in the above categories:

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This student has been enrolled in this school for \_\_\_\_\_ year(s).

I have known him/her for \_\_\_\_\_ year(s).

Teacher Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street                      City                      State                      Zip

Title/Position: \_\_\_\_\_ School Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The information you provide is confidential. Thank you for assisting us!***

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