



Trinity Classical Academy

MATH TEACHER EVALUATION

2009-2010 School Year

TRINITY CLASSICAL ACADEMY
 P.O. BOX 802679
 Santa Clarita, CA 91380-2679
 (661) 296-2601
 www.TrinityClassicalAcademy.com
 admissions@TrinityClassicalAcademy.com

You have been asked to complete this form by a family that is seeking admission for their student to Trinity Classical Academy, an independent, non-denominational school located in Santa Clarita, CA. The mission of the school is to offer a classical, Christian education.

Trinity Classical Academy appreciates your honest assessment of the student. All information will be kept confidential, will not be shared, nor will it become a part of the applicant's permanent record.

By requesting this evaluation from you, the applying family authorizes you to release their child's records and evaluative data to Trinity Classical Academy and holds you harmless for any information provided.

Please complete this evaluation form as it pertains to their student and click Submit and it will be send it directly to Trinity.

Thank you for your participation in the Trinity application process for this student.

Date Submitted

Office use only

Reference	From Status
<input type="text"/>	<input type="text"/>

APPLICANT

LAST NAME	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name Used/Nickname	Grade	
<input type="text"/>	<input type="text"/>	
I have known this student for:	I have taught this student for:	Subject I have taught him/her:
<input type="text"/>	<input type="text"/>	<input type="text"/>

TEACHER INFORMATION

LAST NAME	First Name	Your Position
<input type="text"/>	<input type="text"/>	<input type="text"/>
School	<input type="text"/>	
School Address	<input type="text"/>	
	School Phone	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Teacher's E-mail Address	<input type="text"/>

EVALUATION

ACADEMICS

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>
Facts/Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts/Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abstract Thought	<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"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Work on Time	<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"/>

PERSONAL QUALITIES

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Correction	<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"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following

Parental Support and involvement:

Has outside help ever been recommended? YES NO Has help ever been given? YES NO

Please elaborate:

Applicant's social and emotional development compared with others:

Is applicant respected by peers? Adults?

Applicant's strengths:

Applicant's Weaknesses:

Additional Comments:

Signature

Date