



# Excel Christian Academy

## Teacher Evaluation Form

Parents, please submit this form to your child's current or most recent teacher  
 Please return by email to [ethomas@excelonline.org](mailto:ethomas@excelonline.org) or by mail or fax to:

**The Office of Admissions**  
 Excel Christian Academy  
 6505 Odom Rd.  
 Lakeland, FL 33809  
 Fax: 863-853-1835

Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TO: PRINCIPAL, TEACHER or COUNSELOR**

The student named above has applied for admission into \_\_\_\_\_ grade at Excel Christian Academy for the academic year 2018-19. Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student. Length of time in this school: \_\_\_\_\_

Please evaluate the following areas with a check mark:	Excellent	Good	Average	Poor
Displays Courteous/Positive Behavior				
Effort				
Cooperation				
Obeys Rules/Respects Authority				
Relationship with Teacher				
Relationship with Peers				
Exhibits creativity and curiosity during and through the learning process				
Emotional Maturity				
Exhibits Self Control				
Respects the Property of Others				
Listens Attentively				
Follows Directions				
Accepts Responsibility				
Participates in Class				
Completes Work				
Works to Ability				
Works Independently				
Organizational Skills				
Attendance				

Reading Series and present grade level of child – please explain:

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Math Series and present grade level of child – please explain:

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Phonics Series (type of program) and present grade level of child – please explain:

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Please describe any challenges (physical, emotional, mental, language barriers, family situations) that have impacted the child's progress:

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Please list any area of academic advancement or special recognition awarded:

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Classroom Conduct/Discipline – please comment:

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Please comment on Behavior/Attitude, Work/Study Habits, and Peer Relationships:

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Has the student ever required any special program or other intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, English, Math or Other Program, or Behavior Modification?

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Has the student ever been so advised to participate in such a program?  Yes  No

Parent Involvement:  Very Supportive  Supportive  Average  Minimal  Adversarial

Comments:

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Additional helpful information:

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Thank you for the time and effort you have taken in completing this evaluation. Your recommendations are a valuable part of our admissions process.

Signature of person completing report

Title

Telephone

Date