



Atlanta Youth Academy

CONFIDENTIAL MATHEMATICS TEACHER EVALUATION

Directions for Applicant's Parents: This form is required for application to Atlanta Youth Academy. Only the admissions committee of Atlanta Youth Academy will view this application.

Directions for School: Please make a copy for your records and send the original form to Atlanta Youth Academy: Atlanta Youth Academy • 2120 Forrest Park Rd • Atlanta, Georgia 30315

OR e-mail to mainoffice@atlantayouthacademy.com

TO BE COMPLETED BY APPLICANT'S PARENT/LEGAL GUARDIAN

I hereby authorize you to release the requested information regarding my child's application to Atlanta Youth Academy. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

Signature of Parent or Legal Guardian _____

Name of Student Applicant _____ Current Grade Level _____

TO BE COMPLETED BY TEACHER OR FORMER TEACHER (WITHIN PAST TWO YEARS)

Teacher's Name _____

School _____

Please evaluate the candidate in the following areas by placing an X in the appropriate column.

	Excellent	Above Average	Average	Below Average	Poor
Effort /determination					
Classroom conduct					
Organizational skills					
Personal initiative					
Responsibility					
Maturity relative to age					
Acceptance by peers					
Honesty/integrity					
Concern for others					
Respect of faculty					
Reading ability					
Written expression					



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Oral expression					
Creativity					
Completion/quality of homework					
Parent involvement					

(Please complete reverse side)



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Is there a disparity between ability and performance? If yes, identify behaviors associated with disparity.

Please describe any special accommodations this student receives in your class.

In which areas do you feel this student needs improvement?

To your knowledge, has the student been recognized at your school for any outstanding academic, spiritual, artistic, or athletic performance or contribution?

Additional comments concerning the applicant's class performance, conduct, participation, and prospect for success.

Check one of the following:

____(1) I strongly endorse this candidate for admission.

____(2) I endorse this candidate.

____(3) I endorse this candidate with reservations.

____(4) I do not endorse this candidate.

Teacher's Signature _____ Date _____

Teacher's Printed Name _____

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the candidate's application. All information provided will be held in confidence and disclosed only to the admissions committee.

Please return this completed form directly to the address listed below in an official school envelope

OR e-mail to

mainoffice@atlantayouthacademy.com



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Atlanta Youth Academy • 2120 Forrest Park Rd • Atlanta, Georgia 30315
(404) 370-1960