

# SQUIRREL HOLLOW CAMP

5665 Milam Road, Fairburn, GA 30213  
Phone:(770)774-8001/FAX:(770)774-8005

## Teacher Evaluation Form

(New Students Only)

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

I grant my permission for the following information to be sent to Squirrel Hollow Camp. I understand that the information on this form becomes the confidential property of Squirrel Hollow Camp and not subject to review.

\_\_\_\_\_  
parent / guardian signature

\_\_\_\_\_  
date

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Evaluator's name \_\_\_\_\_ School \_\_\_\_\_

How long have you worked with the student? \_\_\_\_\_

In what capacity have you worked with the student? \_\_\_\_\_

Please rate the student in the following categories by placing a check in the appropriate column.

	<i>excellent</i>	<i>good</i>	<i>average</i>	<i>below average</i>	<i>poor</i>
Preparation for class					
Completion of classwork					
Completion of homework					
Organization					
Ability to follow directions					
Willingness to follow directions					
Oral Expression					
Written Expression					
Participation					
Effort					
Behavior					
Peer Relations					
Respect for Authority					
Emotional Maturity					
Parental involvement					

Please comment on the student's overall academic skills, including strengths and weaknesses.

Has the student displayed any serious conduct problems?

If yes, explain.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to **Squirrel Hollow Camp** at the address above.

On the back of this page, make any additional comments you feel would be beneficial to know in working with this student.