

IMMANUEL CHRISTIAN SCHOOL
TEACHER Evaluation Form

Please fax or mail sealed evaluations to:

Immanuel Christian School
1201 Hawkins Blvd.
El Paso, TX 79925
915-778-6160 · Fax 915-772-8207

Student Name _____ Grade _____ Date _____

Re-Enrollment

Is this student eligible for re-enrollment at your school? ___ Yes ___ No ___ Not Sure

Please circle the number that applies

4 – Above Average 3 – Average 2 – Below Average 1 – No Basis for Evaluation

Student Evaluation

	Above Average	Average	Below Average	No Basis
Attendance	4	3	2	1
Concern for Others	4	3	2	1
Cooperation	4	3	2	1
Emotional Stability	4	3	2	1
Initiative	4	3	2	1
Integrity	4	3	2	1
Leadership	4	3	2	1
Manners	4	3	2	1
Motivation	4	3	2	1
Participation	4	3	2	1
Respect	4	3	2	1
Responsibility	4	3	2	1
Self-Discipline	4	3	2	1
Service	4	3	2	1

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Parent Evaluation

	Above Average	Average	Below Average	No Basis
Supports School Policies	4	3	2	1
Communication w/Teacher	4	3	2	1
Actively Involved	4	3	2	1

Recommendation

(Please check one)

- Highly Recommended**
- Recommended**
- Recommended w/Reservation (explain below)**
- Not Recommended (explain below)**

Please feel free to add any information in the space below

Completed by _____ **Signature** _____
School _____ **Position** _____
School Phone _____ **Date** _____

IMMANUEL CHRISTIAN SCHOOL
ADMINISTRATOR Evaluation Form

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Student Name _____ Grade _____ Date _____

Re-Enrollment

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4 – Above Average 3 – Average 2 – Below Average 1 – No Basis for Evaluation

Student Evaluation

	Above Average	Average	Below Average	No Basis
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ADMINISTRATOR Evaluation Form

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Parent Evaluation

	Above Average	Average	Below Average	No Basis
Supports School Policies	4	3	2	1
Communication w/Teacher	4	3	2	1
Actively Involved	4	3	2	1

Recommendation

(Please check one)

- Highly Recommended**
- Recommended**
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- Not Recommended (explain below)**

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Completed by _____ **Signature** _____
School _____ **Position** _____
School Phone _____ **Date** _____