



MACON EAST ACADEMY Confidential Evaluation Form

Must come from a current teacher in a core subject area

Grades 1-6

Applicant's Legal Name: _____ Applicant for Grade: _____
First Middle Last

I understand that this recommendation is confidential and will not be made available for student or parent review.

Parent Signature: _____ Date: _____

The applicant whose name is indicated above is presenting an application for admission to Macon East Academy. Your evaluation of his/her academic performance, intellectual promise, and personal qualities, will assist the Admission Committee in making an informed decision. Your comments are held in confidence and only shared with the Admission Committee. A quick response is greatly important as we do not consider an applicant until all evaluations are received. Please complete this form and return it to **Director of Admissions, Macon East Academy, 15396 Vaughn Road, Cecil, AL 36013**

ACADEMIC ABILITIES

Place a check mark in the appropriate box

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>LIMITED</u>	<u>No EVALUATION</u>
ACADEMIC POTENTIAL					
CRITICAL THINKING SKILLS					
MOTIVATION					
STUDY SKILLS					
ORGANIZATIONAL SKILLS					
INTELLECTUAL INTEREST					
CREATIVITY					
DETERMINATION					
READING COMPREHENSION					
BASIC MATH SKILLS					
ABILITY TO GRASP NEW CONCEPTS					
ABILITY TO EXPRESS IDEAS IN WRITING					
ABILITY TO EXPRESS IDEAS ORALLY					

PLEASE LIST THE STRENGTHS AND NEEDS OF THE APPLICANT IN THE SPACE PROVIDED.

Greatest Strengths:

Greatest Needs:

CHARACTER - PERSONALITY

Place a check mark in the appropriate box

ATTITUDE ABOUT SCHOOL	<input type="checkbox"/>	EXCELLENT	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	AVERAGE	<input type="checkbox"/>	POOR
PERSONALITY	<input type="checkbox"/>	DOER	<input type="checkbox"/>	INTERACTIVE	<input type="checkbox"/>	SUPPORTIVE	<input type="checkbox"/>	CAUTIOUS
CONCERN FOR OTHERS	<input type="checkbox"/>	ACTIVE	<input type="checkbox"/>	INVOLVED	<input type="checkbox"/>	LACKING	<input type="checkbox"/>	INDIFFERENT
SOCIAL RELATIONS W/ PEERS	<input type="checkbox"/>	VERY HEALTHY	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	PROBLEMS	<input type="checkbox"/>	POOR RELATIONS
CLASS PARTICIPATION	<input type="checkbox"/>	ACTIVE	<input type="checkbox"/>	INVOLVED	<input type="checkbox"/>	LACKING	<input type="checkbox"/>	DOMINATES
WORKS IN A GROUP	<input type="checkbox"/>	WORKS WELL	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	DIFFICULTY	<input type="checkbox"/>	MANY PROBLEMS
SHOWS INITIATIVE	<input type="checkbox"/>	ALWAYS	<input type="checkbox"/>	USUALLY	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	RARELY
ATTENTION SPAN	<input type="checkbox"/>	ENGAGED	<input type="checkbox"/>	ATTENTIVE	<input type="checkbox"/>	VARIES	<input type="checkbox"/>	NEEDS DIRECTION
FOLLOWS DIRECTIONS	<input type="checkbox"/>	ALWAYS	<input type="checkbox"/>	USUALLY	<input type="checkbox"/>	SOMETIMES	<input type="checkbox"/>	RARELY
INTERACTION W/ TEACHERS	<input type="checkbox"/>	EXCELLENT	<input type="checkbox"/>	POSITIVE	<input type="checkbox"/>	PROBLEMS	<input type="checkbox"/>	POOR RESPECT
WORKS INDEPENDENTLY	<input type="checkbox"/>	EXCELLENT	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	NEEDS HELP	<input type="checkbox"/>	CONSTANT HELP
CLASSROOM BEHAVIOR	<input type="checkbox"/>	EXCELLENT	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	AVERAGE	<input type="checkbox"/>	POOR
COMPLETES ASSIGNMENTS	<input type="checkbox"/>	CONSISTENTLY	<input type="checkbox"/>	USUALLY	<input type="checkbox"/>	NEEDS TIME	<input type="checkbox"/>	DIFFICULTY
FINE MOTOR SKILLS	<input type="checkbox"/>	EXCELLENT	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	AVERAGE	<input type="checkbox"/>	POOR

PLEASE ANSWER THE FOLLOWING QUESTION ABOUT THE APPLICANT IN THE SPACE PROVIDED.

Do you have any reason to question the academic or personal integrity of the applicant? ____ Yes ____ No

If yes, please explain:

Other comments:

THANK YOU FOR YOUR TIME AND EVALUATION OF THIS APPLICANT. IF YOU FEEL UNCOMFORTABLE WRITING SOME OF THE INFORMATION AND WOULD LIKE TO EXPRESS IT VERBALLY, PLEASE LEAVE YOUR PHONE NUMBER BELOW.

I have known the applicant for ____ years: ____ months

My relationship has been that of ____ current teacher: ____ former teacher: other _____

What subject areas do you teach? _____

What are the first few words that come to mind when describing this applicant?: _____

Evaluator's name: _____ Phone: _____

(Only if you wish to talk with us)

Evaluator's signature: _____ Date: _____

School Name: _____

School Address: _____

School Telephone Number: _____ Email Address: _____

Please return to **Admission Director Jill Taylor, Macon East Academy, 15396 Vaughn Road, Cecil, AL 36013**