



BEULAH

BAPTIST CHRISTIAN SCHOOL

5001-21 Spruce Street, Philadelphia, PA 19139
215-747-3347-Tele
267-385-3102-Fax

Teacher Assessment:

Name of Applicant: _____ Applying for Grade: _____

The student named above has applied for admission to Beulah Baptist Christian Day School. Please complete the form below and return it directly to the school by mail or fax. Thank you for your assistance. If you wish to discuss this student personally rather than completing this form, please check here , sign this form and note your telephone number, and the Director of Admissions will contact you.

Check one rating for each area in the table below:

Areas to Evaluate	Poor	Average	Good	Excellent
Academic Ability				
Academic Performance				
Motivation				
Behavior/Conduct				
Attitude/Cooperation				
Relates to Peers				
Response to Adult Authority				

How long have you known this student? _____

Does the student have significant limitations (physical, social, or emotional?) Yes No

If yes, please explain: _____

Is this student currently receiving Title I academic support or counselling services? Yes No

Does this student currently have an IEP? Yes No

Is the student in good standing academically and behaviorally at your school? Yes No

If no, why not? _____

Has there been a need for administrative involvement in disciplinary action with this student?

Yes No If yes, please explain: _____

How would you rate the parents' involvement?

Very Supportive Usually Supportive Rarely Supportive No Involvement

Please write a brief description of the student's character and academic work on the back of this form or on a separate sheet of paper.

Name: _____

Position: _____ School: _____

Signature: _____ Date: _____