



Youth Christian School Teacher Assessment

Mail to: Youth Christian School
4967 Brownsville Road
Powder Springs, GA 30127

Student's Name: _____ Grade: _____
School Name: _____ Date: _____
Teacher's Name: _____

Directions: The following questions are to be answered by the student's classroom teacher from their current school. Use the scale below to rate the student in their everyday school activities. Check the appropriate box. Please mail this questionnaire to Youth Christian School with the above address provided.

3= USUALLY 2= SOMETIMES 1= RARELY

QUESTIONS	3	2	1
1. Student arrives at school in good spirits.			
2. Student participates in teacher-lead activities.			
3. Student acts as group leader.			
4. Student follows leads of peers.			
5. Student accepts suggestions of peers.			
6. Student encourages and praises peers.			
7. Student accepts peer praise.			
8. Student accepts adult suggestions.			
9. Student seeks adult attention in acceptable ways.			
10. Student seeks adult approval.			
11. Student accepts praise from adults.			
12. Student follows adult direction.			
13. Student follows group rules.			
14. Student expresses empathy for peers.			
15. Student shows hospitality toward peers.			
16. Uses adults as a source of help/assistance.			
17. Student engages in outdoor activities.			
18. Student works one-on-one with another student productively.			
19. Student remains on task.			
20. Student begins assignments promptly.			
21. Student works independently.			
22. Student is prepared daily for school.			

Comments elaborating on any of the questions above would be greatly appreciated.

COMMENTS:

Teacher's Signature

Date