

IMMANUEL CHRISTIAN SCHOOL
ADMINISTRATOR 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

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
