

CASA TEACHER EVALUATION FORM

Student name

Art area

is applying to the **Capital Area School for the Arts** for the upcoming school year, and requests that you complete the form below. Please complete in ink, sign, and return to the student. Thank you.

| <u>Low</u> | | | | <u>High</u> | <u>Cannot Evaluate</u> | <u>Criteria</u> |
|------------|---|---|---|-------------|------------------------|--|
| 1 | 2 | 3 | 4 | 5 | N | Creativity |
| 1 | 2 | 3 | 4 | 5 | N | Problem solving ability |
| 1 | 2 | 3 | 4 | 5 | N | Positive Attitude |
| 1 | 2 | 3 | 4 | 5 | N | Conscientiousness, reliability |
| 1 | 2 | 3 | 4 | 5 | N | Attendance |
| 1 | 2 | 3 | 4 | 5 | N | Arts ability |
| 1 | 2 | 3 | 4 | 5 | N | Self-discipline, ability to work independently |
| 1 | 2 | 3 | 4 | 5 | N | Academic grades |
| 1 | 2 | 3 | 4 | 5 | N | Sense of humor |
| 1 | 2 | 3 | 4 | 5 | N | Ability to get along with others |

Subject

Teacher Signature/Date

School

Phone

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