

Red Clay Consolidated School District
Alternative Placement
Teacher/Counselor Behavior Evaluation

Student Name _____

Date _____

School Name _____

Subject _____

Name of Evaluator _____

Position _____

Comment	Good	Fair	Poor
1. Reaction to change in schedule, routine, etc.			
2. Attendance in class			
3. Respect shown teachers and others of authority			
4. Completion of class assignments			
5. Completion of homework assignments			
6. Reaction to reasonable requests			
7. Reaction to pressure			
8. Requests help when needed			
9. Interaction with peers			
10. Attitude toward school			

Please comment below regarding the manner in which student performs academically and behaviorally.

This form is to be completed by all current teachers to whom student is assigned.