

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. <u>Reaction to change in schedule, routine, etc</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Attendance in class</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Respect shown teachers and others of authority</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Completion of class assignments</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Completion of homework assignments</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Reaction to resonable requests</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Reaction to pressure</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Requests help when needed</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Interaction with peers</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>Attitude toward school</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.