

**Applicant's Name (First Last):** \_\_\_\_\_

Atlanta Area Association of Independent Schools (AAAIS)  
**Confidential Extracurricular - General Evaluation Form**  
Rising 6<sup>th</sup> through 12<sup>th</sup> Grades

**Parent/Legal Guardian:** Please fill out this section and deliver this form to your child's extracurricular instructor. Include an addressed and stamped envelope to the school(s) where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Admissions Office.

**Applicant's Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Date of Birth:** \_\_\_\_\_ **Applying for Grade:** \_\_\_\_\_

**Applicant's Current School:** \_\_\_\_\_

**To Parent/Legal Guardian:** By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of the Atlanta Area Association of Independent Schools (AAAIS), you hereby release said member, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and not become part of the student's permanent academic record.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

**Evaluator:** Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. The purpose of this evaluation is to give additional information about an applicant's extracurricular activities. Please tell us about the applicant's participation in and contribution to your group or activity. Information about how the applicant interacts with his/her peers and adults is helpful. We appreciate your cooperation; your evaluation will be held in strict confidence.

**Name of Organization** \*kl" crrnkecdng+: \_\_\_\_\_ **aa**

**Your name:** \_\_\_\_\_ **Your role in the organization:** \_\_\_\_\_ "

**Email address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_ "

In what capacity and for how long have you known the applicant? \_\_\_\_\_

777(72)	10	ABOVE AVERAGE	AVERAGE	ENJOYS PARTICIPATING	N/A
Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RPP 8S RR

?

\_\_\_\_\_  
Evaluator's Signature (please sign and print) Job Title Date