

Comment Form

The purpose of this form is to request a general assessment of the student, which will become part of his/her application for admission to Good Counsel High School. The contents of this assessment are confidential and are not routinely shared with applicants and their families, though all educational records are subject to the Family Educational Rights and Privacy Act of 1974. Applicants' records only become permanent if they matriculate at Good Counsel.

STUDENT'S FIRST NAME _____ LAST NAME _____

CURRENT SCHOOL _____ STUDENT'S EMAIL _____

EVALUATOR'S NAME _____ POSITION _____

EVALUATOR'S EMAIL _____

Evaluator - Compared to other students whom you have taught or advised, please assess this student for the following characteristics.

Key:

- 1 = outstanding**
- 2 = good**
- 3 = satisfactory**
- 4 = improvement needed**
- 5 = unsatisfactory**
- N = not observed**

	1	2	3	4	5	N
Ability to work independently						
Ability to work in a group						
Ability to follow directions						
Achievement related to potential						
Organization of time and work						
Self-motivation						
Conduct						
Integrity						
Leadership						
Emotional Maturity						
Relationship with peers						
Relationship with adults						
Concern for others						
Self confidence						

Please email the completed form to gmcbean-linton@olgchs.org or mail to Gina McBean-Linton, Our Lady of Good Counsel High School, 17301 Old Vic Boulevard, Olney, MD 20832

Additional comments: _____

 EVALUATOR'S SIGNATURE

