

Applicant's Name (First Last): _____

Atlanta Area Association of Independent Schools (AAAIS)
Confidential Common Principal/Counselor Evaluation Form
Rising 5th through 12th Grades

Parent/Legal Guardian: Please fill out this section and deliver this form to your child's guidance counselor or principal along with the transcript request form. 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 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

Principal or Counselor: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

How long has the applicant been enrolled in your school? _____

How long and in what capacity have you known this applicant? _____

Please comment on the applicant's attitude toward school. _____

What is your candid estimation of the applicant's personal qualities? _____

Has the applicant been recognized for outstanding academic, athletic, or artistic performance? Yes Not to my knowledge

To your knowledge, is the applicant's record a true indication of his/her ability? Yes No*

Have outside circumstances interfered with academic achievement? Yes* No

*Please explain: _____

To your knowledge, has the applicant had a history of serious conduct problems or been expelled or suspended? Yes No

If yes, please explain: _____

Will the applicant be permitted to re-enroll in your school? Yes No

If no, please explain: _____

Please describe parental support/involvement: _____

PERSONAL CHARACTERISTICS & QUALITIES:				
Attention span	<input type="checkbox"/> Highly focused	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires redirection
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Citizenship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Concern for others	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Occasionally considerate	<input type="checkbox"/> Rarely considerate
Displays appropriate conduct	<input type="checkbox"/> Excellent conduct	<input type="checkbox"/> Good conduct	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent misconduct
Emotional maturity	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature
Integrity	<input type="checkbox"/> Highly trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Usually trustworthy	<input type="checkbox"/> Questionable
Relationships with adults	<input type="checkbox"/> Very respectful	<input type="checkbox"/> Respectful	<input type="checkbox"/> Sometimes respectful	<input type="checkbox"/> Shows little respect
Relationships with peers	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Resilience	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Responsibility	<input type="checkbox"/> Very Responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
Self-esteem	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Sense of humor	<input type="checkbox"/> Highly Developed	<input type="checkbox"/> Good	<input type="checkbox"/> Fair humor	<input type="checkbox"/> Poorly developed
Spirit of cooperation	<input type="checkbox"/> Very cooperative	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Occasionally cooperative	<input type="checkbox"/> Rarely cooperative
Warmth of personality	<input type="checkbox"/> Very friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly

How does the applicant demonstrate leadership in your community? _____

Please share any additional information that will be helpful in our decision: _____

Thank you for your time and evaluation of this applicant. May we contact you if we have questions?

Telephone: _____ Email: _____

Evaluators Signature (please sign and print) Job Title Date