



CONFIDENTIAL General Evaluation

We greatly appreciate your taking the time to complete this form. It provides one way of getting to know the student and is reviewed with the understanding that students are constantly changing and developing. Our intention is to establish a dynamic understanding of the student, and your observations and descriptions are essential in this process. Preparers and recipients are expected to maintain the information in strict confidence and to refrain from sharing it with students, parents, or guardians. .

Applicant's Name: _____ Applying for Grade: _____

Current School: _____

Evaluator's Name, Title, Email, Phone: _____

How do you know this applicant? _____

How long have you known this applicant? _____

What are the first three words or phrases that come to mind to describe this applicant? _____

The applicant's greatest strength is: _____

An area of growth for this applicant is: _____

To the best of your ability, please rate the student in each of the following areas:

Academic achievement <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Ability to express ideas verbally <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Limited	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional
Daily preparation & study habits <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Follows directions <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Rarely	<input type="checkbox"/> Needs much explanation	<input type="checkbox"/> Occasionally needs help	<input type="checkbox"/> Quickly and effectively
Classroom conduct <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Frequent disruptions	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Usually good behavior	<input type="checkbox"/> Good conduct
Attention & level of engagement <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Occasionally distracted	<input type="checkbox"/> Usually good focus	<input type="checkbox"/> Exceptional focus & engagement
Motivation & initiative <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Low	<input type="checkbox"/> Occasionally evident	<input type="checkbox"/> Evident	<input type="checkbox"/> Exemplary
Seeks help when needed <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Reaction to criticism/feedback <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Defensive	<input type="checkbox"/> Ignores criticism	<input type="checkbox"/> Developing	<input type="checkbox"/> Uses criticism to improve
Participation in discussion <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes	<input type="checkbox"/> Quiet but actively engaged	<input type="checkbox"/> Joins in readily
Ability to work independently <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Has great difficulty	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Always works well
Ability to work in a group <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Has great difficulty	<input type="checkbox"/> Sometimes has difficulty	<input type="checkbox"/> Usually effective	<input type="checkbox"/> Always works well
Curiosity <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Limited curiosity	<input type="checkbox"/> Occasionally evident	<input type="checkbox"/> Frequently evident	<input type="checkbox"/> Consistently evident
Creativity <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Limited creativity	<input type="checkbox"/> Occasionally evident	<input type="checkbox"/> Frequently evident	<input type="checkbox"/> Highly developed

Maturity <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Immature	<input type="checkbox"/> Occasionally immature	<input type="checkbox"/> Appropriate for age	<input type="checkbox"/> Highly developed
Integrity with peers/teachers <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Self-confidence <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Appears overly confident	<input type="checkbox"/> Needs much reassurance	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Positive self-image
Social relationships with peers <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Relates poorly	<input type="checkbox"/> Has occasional problems	<input type="checkbox"/> Usually relates well	<input type="checkbox"/> Healthy relationships
Interactions with adults <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Interacts poorly	<input type="checkbox"/> Has occasional problems	<input type="checkbox"/> Usually interacts well	<input type="checkbox"/> Healthy interactions

Overall, I recommend this individual:

As a student: <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> With reservation	<input type="checkbox"/> Fairly strongly	<input type="checkbox"/> Strongly	<input type="checkbox"/> With great enthusiasm
As a person:	<input type="checkbox"/> With reservation	<input type="checkbox"/> Fairly strongly	<input type="checkbox"/> Strongly	<input type="checkbox"/> With great enthusiasm

Please share anything else about the student you feel would be important for us to know. You may also describe extenuating circumstances related to any of the aforementioned areas above. We appreciate your thoughtful responses and will be sure to take all aspects of the student's profile into consideration.

Evaluator's signature: _____ Date: _____

