

CONFIDENTIAL EVALUATION FORM

NAME OF STUDENT: _____

1. NATURE OF RELATIONSHIP WITH APPLICANT:
TEACHER COUNSELOR ADMINISTRATOR EMPLOYER OTHER

2. NAME OF REFERENCE _____

TITLE/OCCUPATION _____

SCHOOL/ORGANIZATION _____

HOW LONG HAVE YOU KNOWN APPLICANT? _____

BUSINESS ADDRESS _____

3. PLEASE RATE THE APPLICANT WITH RESPECT TO EACH TRAIT LISTED BELOW TO INDICATE RELATIVE STANDING AMONG OTHER STUDENTS WITH WHOM YOU HAVE HAD CONTACT.

1.....Ranks with the very best students (top 5%)

2.....Superior (top 10%)

3.....Outstanding (top 25%)

4.....Above average (top 40%)

5.....Average

6.....Below Average

X.....No opportunity to observe

_____ Academic record and achievement

_____ Initiative and motivation

_____ Leadership

_____ Integrity, Honesty, Dependability

_____ Special Talents, Abilities

_____ Extent of Participation in Extracurricular Activities

_____ Potential Contributions to Society

_____ Ability in Interpersonal Skills

_____ Communication Skills, Written and Oral

**** RETURN TO: CHS Counseling Center or email to chsscholarships@c-isd.com ****