

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)

☐ Male ☐ Female **Date of Birth:** _____ **Entry Year:** _____ **Applying for Grade:** _____

Applicant's Current School: _____

Address of Current School: _____

(City) (State) (Zip) **Telephone:** _____

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 of 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 evaluation will remain confidential and not become part of the student's permanent academic record.

Signature of Parent or Legal Guardian

Date

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

Has the applicant ever been a recipient of a special services program, i.e. gifted, learning disability resource center, etc.? ☐ Yes ☐ No

If yes, please explain: _____

To your knowledge, is the applicant's record a true indication of his/her ability, or have outside circumstances interfered with academic achievement? If no, please explain: _____

☐ Yes ☐ No

To your knowledge, has the applicant had any history of serious conduct problems? Expelled or suspended?

☐ Yes ☐ No

If yes, please explain _____

Will the applicant be permitted to re-enroll in your school? If no, please explain:

☐ Yes ☐ No

Please describe parental support/involvement: _____

PERSONAL CHARACTERISTICS & QUALITIES:				
Attention span	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires frequent 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"/> Usually Considerate	<input type="checkbox"/> Rarely Considerate
Displays appropriate conduct	<input type="checkbox"/> Good conduct	<input type="checkbox"/> Usually good conduct	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Poor conduct
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
Leadership potential	<input type="checkbox"/> Leader	<input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Rarely leads
Peer relationships	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Reaction to criticism/setbacks	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Relationships with adults	<input type="checkbox"/> Courteous	<input type="checkbox"/> Usually positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Shows little respect
Responsibility	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
Self-confidence	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Seems over-confident	<input type="checkbox"/> Poor self-image
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"/> Consistently cooperates	<input type="checkbox"/> Usually cooperates	<input type="checkbox"/> Occasionally cooperates	<input type="checkbox"/> Rarely cooperates
Warmth of personality	<input type="checkbox"/> Consistently friendly	<input type="checkbox"/> Usually friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly

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?

☐ Yes ☐ No

Signature of Principal/Counselor

Evaluator's Title

Date

Telephone

E-mail