

Applicant's Name (First Last): \_\_\_\_\_

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

**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

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

\_\_\_\_\_

\_\_\_\_\_

Please describe parental support/involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>PERSONAL CHARACTERISTICS &amp; QUALITIES:</b>				
<b>Attention span</b>	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires frequent redirection
<b>Attitude toward school</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Citizenship</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Concern for others</b>	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Usually Considerate	<input type="checkbox"/> Rarely Considerate
<b>Displays appropriate conduct</b>	<input type="checkbox"/> Good conduct	<input type="checkbox"/> Usually good conduct	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Poor conduct
<b>Emotional maturity</b>	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature
<b>Integrity</b>	<input type="checkbox"/> Highly trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Usually trustworthy	<input type="checkbox"/> Questionable
<b>Leadership potential</b>	<input type="checkbox"/> Leader	<input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Rarely leads
<b>Peer relations</b>	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
<b>Reaction to criticism/setbacks</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Relationships with adults</b>	<input type="checkbox"/> Courteous	<input type="checkbox"/> Usually positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Shows little respect
<b>Responsibility</b>	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
<b>Self-confidence</b>	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Seems over-confident	<input type="checkbox"/> Poor self-image
<b>Sense of humor</b>	<input type="checkbox"/> Highly developed	<input type="checkbox"/> Good	<input type="checkbox"/> Fair humor	<input type="checkbox"/> Poorly developed
<b>Spirit of cooperation</b>	<input type="checkbox"/> Consistently cooperates	<input type="checkbox"/> Usually cooperates	<input type="checkbox"/> Occasionally cooperates	<input type="checkbox"/> Rarely cooperates
<b>Warmth of personality</b>	<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