OTHER OFFICIAL'S EVALUATION OF APPLICANT

Applicant's Last Name_____ FI _____ MI _____

Social Security Number _____

INSTRUCTIONS FOR THE SCHOOL OFFICIAL: Please evaluate the following statements concerning the above named applicant. Mark only one choice for each statement. Rate the statements on how well the quality describes the applicant in relation to his/her peers.

Your identity as the source of information relating to the applicant will be disclosed upon the applicant's request, unless you require confidentiality as a condition for furnishing any information. In such case, your identity will be held in confidence.

Do you stipulate confidentiality as a condition for providing information? ○ Yes ○ No

	Top 1%	Top 10%	Above Average	Average	Below Average	Not Observed
1. Works toward group goals when in a subordinate position	○	○	○	○	○	○
2. Gains respect of peers	○	○	○	○	○	○
3. Influences other students to work together	○	○	○	○	○	○
4. Communicates effectively in face to face discussion	○	○	○	○	○	○
5. Communicates effectively in written work	○	○	○	○	○	○
6. Exerts maximum effort showing a strong desire to achieve in every field	○	○	○	○	○	○
7. Sets high standards for own performance in a number of areas of activity	○	○	○	○	○	○
8. Accepts criticism and makes improvements from it	○	○	○	○	○	○
9. Adjusts to a demanding schedule of activities without neglecting school work	○	○	○	○	○	○
10. Makes Friends easily	○	○	○	○	○	○
11. Persists when solving problems	○	○	○	○	○	○
12. Demonstrates intellectual curiosity	○	○	○	○	○	○
How would you rate this student among all that you have taught?	○	○	○	○	○	○

How long have you known this student? _____

Did you provide this student with any academic accommodations? (i.e. requires extra time on test, established 504 plan) ◯ Yes ◯ No

If yes, please list the type of academic accommodation and the school year/s received

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REMARKS: This form may be completed by a Teacher, Counselor, Coach or Employer. Please tell us how you feel this student will perform in a demanding academic environment. It would also help if you would discuss the student's character and integrity as compared to that of his/her peers. Thank you for your concern, time and cooperation.

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Signature of Evaluator (Use a Pen) Date

Teacher ◯

Counselor ◯

_____

Printed Name of Evaluator

Coach ◯

(_____)_____

Phone Number

Employer ◯