

## APPLICANT checklist

(K – 12 Applicants)

Please consult the following checklist to be sure that all steps of your application have been completed. **This checklist is for your convenience.** It does not need to be returned. If you have any questions, feel free to call the school office.

### Application for Admission

Date Submitted: \_\_\_\_\_

These steps must be completed before applications will be considered:

- Complete all questionnaires, reference forms, and required student records.
- Pay the application fee of \$75 per student.

### Application for Tuition Assistance (Optional)

Date Submitted: \_\_\_\_\_

Tuition assistance applications are available online only through links on our website under *Admissions*. Applications for assistance should be in process while the admissions application is under review. Please direct any questions to the business office or consult our website for explanation of available options.

### Required Documents

Date Submitted: \_\_\_\_\_

The admissions office must receive all required forms before testing will be scheduled.

#### Students Applying for K-1st Grade

- |                                                                   |                                                |
|-------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Completed Student Application            | <input type="checkbox"/> Parent Questionnaire  |
| <input type="checkbox"/> Application Fee (\$75.00 non-refundable) | <input type="checkbox"/> Family Reference Form |

#### Students Applying for 2nd-3rd Grade

- |                                                                   |                                                             |
|-------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Completed Student Application            | <input type="checkbox"/> Parent Questionnaire               |
| <input type="checkbox"/> Application Fee (\$75.00 non-refundable) | <input type="checkbox"/> Family Reference Form              |
| <input type="checkbox"/> Previous two years' report cards         | <input type="checkbox"/> Grammar School Recommendation Form |

#### Students Applying for 4th-6th Grade

- |                                                                   |                                                                       |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Completed Student Application            | <input type="checkbox"/> Parent Questionnaire                         |
| <input type="checkbox"/> Application Fee (\$75.00 non-refundable) | <input type="checkbox"/> Family Reference Form                        |
| <input type="checkbox"/> Previous two years' report cards         | <input type="checkbox"/> Previous two years' standardized test scores |
|                                                                   | <input type="checkbox"/> Grammar School Recommendation Form           |

#### Students Applying for 7th-12th Grade

- |                                                                       |                                                                  |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Completed Student Application                | <input type="checkbox"/> Parent Questionnaire                    |
| <input type="checkbox"/> Application Fee (\$75.00 non-refundable)     | <input type="checkbox"/> Family Reference Form                   |
| <input type="checkbox"/> Previous two years' report cards             | <input type="checkbox"/> Mathematics Teacher Recommendation Form |
| <input type="checkbox"/> Previous two years' standardized test scores | <input type="checkbox"/> English Teacher Recommendation Form     |
| <input type="checkbox"/> Student Questionnaire                        | <input type="checkbox"/> High School Transcript                  |

### Admissions Screening

Date Scheduled: \_\_\_\_\_

Once all forms have been received, the Admissions Coordinator will call to schedule an appointment for testing. All new students and students returning after an absence longer than one year are required to complete academic testing.

### Family Interview

Date Scheduled: \_\_\_\_\_

After the student has satisfactorily completed an admissions screening, the office will contact parents to schedule a family interview with the admissions team. Students in grades 7-12 are encouraged to attend the interview.

### Acceptance and Registration Fee

Payment Date: \_\_\_\_\_

Families will be notified of the admissions decision by letter following the interview. Upon acceptance, parents have ten days to remit a **\$150.00 per student** registration fee. Tuition contracts and additional student forms will be distributed after the enrollment fee has been received. Those forms and the first tuition payment must be returned before the student is officially enrolled and allowed to attend classes.



4221 W. Gulf-to-Lake Hwy.
Lecanto, FL 34461
Phone: 352-746-5696
Fax: 352-746-5520
Email: srcs@sevenrivers.org
www.sevenriverscs.org

APPLICATION for admission

(K - 12 Applicants)

Name of Student, Date, Preferred Name, Social Security#, Home Address, Phone, Student's Email, Student's Date of Birth, Country of Birth, Citizenship, Current Grade, Grade Requested, Applying for Tuition Assistance?

If applications are being submitted for siblings, it is only necessary to complete the following information once for the entire family.

Father or Male Guardian

Name, Address, City, State, Zip, Phone, Cell, Father's Email, Profession/Position, Employer, Address, City, State, Zip, Phone (w)

Mother or Female Guardian

Name, Address, City, State, Zip, Phone, Cell, Mother's Email, Profession/Position, Employer, Address, City, State, Zip, Phone (w)

Check all that apply.

Parental status? Student lives with? Who receives mail? Has legal custody? Financially responsible?

Present School

Address Street City State Zip

Public Parochial Private Day Private Boarding Has student repeated a grade? Yes No What grade?

Has the applicant ever been expelled, denied re-enrollment, counseled not to return to a school, or been the subject of any major school disciplinary action?  Yes  No If yes, please explain on a separate sheet of paper.

Has the applicant ever been evaluated for academic, speech, behavioral, physical, emotional, or attention difficulties by a school official, psychologist, physician, or other professional?  Yes  No If yes, please attach a copy of the evaluation report and/or diagnostic results to this application.

Is there any medical or other reason that the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities?  Yes  No If yes, please explain. \_\_\_\_\_

Are there any specific factors or conditions, including any special medications or allergies, affecting your child of which the school should be informed?  Yes  No If yes, please explain. \_\_\_\_\_

I acknowledge that, as an independent school, SRCS is not obligated to accommodate state or federal education plans.  Yes  No

How did you hear about Seven Rivers Christian School? Please give names where possible.

Alumnus \_\_\_\_\_  Current Student \_\_\_\_\_  Minister \_\_\_\_\_  
 Guidance Counselor/Teacher \_\_\_\_\_  Admissions Rep \_\_\_\_\_  Advertisement \_\_\_\_\_  
 Faculty Member \_\_\_\_\_  Website \_\_\_\_\_  Other \_\_\_\_\_

Do you have any relatives currently attending SRCS?  Yes  No If yes, please list names. \_\_\_\_\_

Does the applicant have any siblings?  Yes  No If yes, please complete the following.

Name	Birthdate	Grade	School	Name	Birthdate	Grade	School

Key factors influencing your application to Seven Rivers:  Spiritual  Curriculum  Reputation  Faculty  Facilities  
 Class Size  Athletics  Other: \_\_\_\_\_

Please check the additional offerings at SRCS that are of particular interest to the applicant.  Art  Drama  Choir  Band  
 Yearbook  Intramurals  Athletics \_\_\_\_\_

Do you expect your child to attend SRCS through graduation?  Yes  No

Do you consider your home a Christian home?  Yes  No

Family's church attendance:  Whole Family is Active  One Parent Active  Attend Occasionally  Children Attend

Place of Worship \_\_\_\_\_ Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

*In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Seven Rivers Christian School. This includes things such as suspensions, expulsions, psychiatric care, substance use or abuse, or any other behavioral problems at home or at school. Failure to notify us could result in your child's separation from Seven Rivers.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Please review the applicant checklist provided to be sure all required information is included.**

**Return to:** Seven Rivers Christian School  
Admissions Coordinator  
4221 W. Gulf to Lake Hwy.  
Lecanto, FL 34461

**Important:** Please remember that the application process takes several weeks to complete once all required information has been submitted. Students are not enrolled nor can they attend classes before the process has been fully completed.



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# STUDENT questionnaire

(Grades 7 – 12)

In order for us to begin to know this student, he or she should complete this form in his or her own handwriting and without any parental assistance, except for clarification. We seek honest responses. **There are no incorrect answers.**

## Personal

Student's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Email Address \_\_\_\_\_  
*month day year*

1. Why are you applying to Seven Rivers Christian School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe any creative activities (musical, artistic, literary, dramatic, etc.) in which you are involved. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe any athletic activities in which you are involved. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Academic

4. Have you ever attended a summer school?  Yes  No If yes, please state the school name and address, the reason for attending, and subjects taken. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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# PARENT questionnaire

(K – 12 Applicants)

Applicant's Name \_\_\_\_\_ Requested Grade \_\_\_\_\_

**Please take time to thoroughly answer the following questions.** If you need additional space, please continue your answers on another piece of paper.

1. Why are you considering Seven Rivers Christian School? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What are the applicant's greatest academic strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. What are the applicant's academic weaknesses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What are your expectations of Seven Rivers Christian School? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Describe the applicant's social interactions with peers and adults (please cite specific examples, if appropriate).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are there any family circumstances that might affect the applicant's performance of which we should be aware? If yes, please explain.     Yes     No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please share information to help us understand the applicant's athletic or extracurricular interests, talents, and team participation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What plans does the applicant have after graduating high school? (**Grades 9-12 only**) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Seven Rivers Christian School does not tolerate the use or possession of drugs (including alcohol) or drug-related paraphernalia, and may dismiss a student for violation of this policy. Will you support this policy?  Yes  No

Has the applicant been out of school for an extended period of time for reasons other than vacations or minor illness such as the flu?  Yes  No

**If you answered NO to Question 1 or YES to Question 2, please explain.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Our signatures below confirm that all information given in this application and its related forms is correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying, or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application, cancellation of admission, and/or termination of enrollment at Seven Rivers Christian School. Further, we understand that upon enrollment we are expected to become familiar with and abide by the rules and regulations as set forth in the SRCS handbook.

\_\_\_\_\_  
*Custodial Parent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Custodial Parent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Legal Guardian's Signature*

\_\_\_\_\_  
*Date*



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# FAMILY reference form

(One per family)

Please have someone outside of your immediate family who can represent your family to SRCS (such as a pastor, community leader, employer, or teacher) fill out the Family Reference Form.

## Applicant Information (to be completed by applicant)

Name of Applicant(s)	Grade(s) Applying For	Phone Number	Email Address	
Street Address	City	State	Zip	

## To Be Completed by Pastor or Reference

The student is an applicant for admission to Seven Rivers Christian School. Please be frank in your responses; the information you provide is confidential according to law. Thank you for your time and effort.

AREAS	RESPONSE	COMMENT
Home Background	<input type="checkbox"/> Two-parent home: stable <input type="checkbox"/> Two-parent home: unstable <input type="checkbox"/> One-parent home: stable <input type="checkbox"/> One-parent home: unstable	
Home Discipline	<input type="checkbox"/> Balanced <input type="checkbox"/> Too little <input type="checkbox"/> Too much <input type="checkbox"/> Inconsistent	
Cooperation	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable	
Parental Involvement	<input type="checkbox"/> Eagerly seek to involve themselves in student life <input type="checkbox"/> Must be encouraged to involve themselves, but supportive <input type="checkbox"/> Often defensive and unsupportive <input type="checkbox"/> Have remained uninvolved	
Emotional Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable, moody, upsets others <input type="checkbox"/> Apathetic, irresponsible	
Student Industry	<input type="checkbox"/> Hard worker <input type="checkbox"/> Good - dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy, needs constant supervision	
Student Judgment	<input type="checkbox"/> Unusual maturity <input type="checkbox"/> Average common sense <input type="checkbox"/> Immature, erratic <input type="checkbox"/> Poor	
Student Responsibility	<input type="checkbox"/> Excellent: volunteers for tasks, accepts responsibility for actions <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible	
Student Leadership	<input type="checkbox"/> Leads classroom peers easily in a positive manner and direction <input type="checkbox"/> Prefers to follow, but will stand against poor group behavior <input type="checkbox"/> Follows others of questionable judgment <input type="checkbox"/> Leads others in poor group behavior	

Name of Student \_\_\_\_\_

1. How long have you known the applicant/family?  Less than 1 year  1-2 years  3-5 years  5+ years

In what relationship? \_\_\_\_\_

2. How well do you know the applicant?  Intimately  Pretty Well  Fairly Well  Only Casually

3. Does the family demonstrate a desire to grow spiritually?  No  Yes If "yes", what evidence do you see of this?

\_\_\_\_\_

4. What do you consider to be the major strong points of the applicant? \_\_\_\_\_

\_\_\_\_\_

5. What do you consider to be the major weaknesses of the applicant? \_\_\_\_\_

\_\_\_\_\_

6. Does the applicant have a history of:

Tobacco use  Yes  No  Don't Know

Use of alcoholic beverages  Yes  No  Don't Know

Use of drugs (non-medical)  Yes  No  Don't Know

Sexual promiscuity  Yes  No  Don't Know

If "yes" to any, please explain.

\_\_\_\_\_

\_\_\_\_\_

7. What kind of partner do you think the family will be with SRCS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SUMMARY EVALUATION

Please summarize your overall assessment of this family's candidacy for admission to SRCS.

Outstanding  Excellent  Good  Fair  Poor

Please indicate your evaluation of the applicant's potential to succeed in an environment like that of SRCS.

Outstanding  Excellent  Good  Fair  Poor

\_\_\_\_\_  
*Evaluator's Name*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Evaluator's Organization, if any*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Evaluator's Address*

\_\_\_\_\_  
*Evaluator's Signature*

\_\_\_\_\_  
*Date*

Please return this form to Seven Rivers Christian School, attn: Admissions, via mail or fax (352-746-5520).



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# MATH teacher recommendation

**(Grades 7 - 12)**

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

The above student is an applicant for admission to Seven Rivers Christian School. We value your assessment of this student as an integral component of the admissions process. Please complete this confidential recommendation form and return it to SRCS at the above address. Thank you for your time and effort.

What are the first words that come to mind in describing this student? \_\_\_\_\_

Please list the course(s) in which you have taught this student.

Dates	Course(s)	Regular	Accelerated	Honors
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please evaluate the student in the following areas:

	N/A	Below Level	On Level	Above Level
Addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decimals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive/Negative Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra I and II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the student's ability in problem-solving and in dealing with abstract concepts. \_\_\_\_\_

Please discuss the student's overall performance in relation to his or her ability. \_\_\_\_\_

Which course level would you recommend for this student?  Regular  Advanced

Comments: \_\_\_\_\_

## ACADEMIC EVALUATION

Academic Potential	<input type="checkbox"/> Limited	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Intellectual Curiosity	<input type="checkbox"/> Very Little	<input type="checkbox"/> Occasional	<input type="checkbox"/> In One Area	<input type="checkbox"/> Varied	<input type="checkbox"/> Strong
Creativity	<input type="checkbox"/> Very Little	<input type="checkbox"/> Occasional	<input type="checkbox"/> In One Area	<input type="checkbox"/> Varied	<input type="checkbox"/> Strong
Effort and Perseverance	<input type="checkbox"/> Very Little	<input type="checkbox"/> Occasional	<input type="checkbox"/> In One Area	<input type="checkbox"/> Varied	<input type="checkbox"/> Strong
Follows Directions	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Ability to Work Independently	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Classroom Conduct	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Attention Span	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Study Habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Time Management	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding

## CHARACTER EVALUATION

Honesty and Integrity	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Consideration of Others	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Social Skills	<input type="checkbox"/> Troublemaker	<input type="checkbox"/> Loner	<input type="checkbox"/> Shy/Reserved	<input type="checkbox"/> Friendly	<input type="checkbox"/> Leader
Working Relationship w/ Students	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Disagreeable	<input type="checkbox"/> Domineering	<input type="checkbox"/> Agreeable	<input type="checkbox"/> Respectful
Working Relationship w/ Adults	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Disagreeable	<input type="checkbox"/> Domineering	<input type="checkbox"/> Agreeable	<input type="checkbox"/> Respectful
Emotional Stability	<input type="checkbox"/> Unstable	<input type="checkbox"/> Weak	<input type="checkbox"/> Stable	<input type="checkbox"/> Balanced	<input type="checkbox"/> Very Stable
Self-Confidence	<input type="checkbox"/> Insecure	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Healthy	<input type="checkbox"/> Assured	<input type="checkbox"/> Secure
Responsibility	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Cooperation of Parents/Guardians	<input type="checkbox"/> No Contact	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good

Please describe this student's specific strengths. \_\_\_\_\_

\_\_\_\_\_

Please describe this student's specific weaknesses. \_\_\_\_\_

\_\_\_\_\_

*Please feel free to include any additional comments about this student on a separate sheet of paper.*

School Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

School Address \_\_\_\_\_  
*Street City State Zip*

\_\_\_\_\_  
*Teacher's Name ( print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Teacher's Email Address*

\_\_\_\_\_  
*Date*



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ENGLISH teacher recommendation

(Grades 7 - 12)

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

The above student is an applicant for admission to Seven Rivers Christian School. We value your assessment of this student as an integral component of the admissions process. Please complete this confidential recommendation form and return it to SRCS at the above address. Thank you for your time and effort.

What are the first words that come to mind in describing this student? \_\_\_\_\_

Please list the course(s) in which you have taught this student.

Table with 5 columns: Dates, Course(s), Regular, Accelerated, Honors. It contains two rows of input fields for course information.

Please evaluate the student in the following areas:

Table with 4 columns: Area (Vocabulary, Reading, Writing), Below Level, On Level, Above Level. Each cell contains a checkbox for evaluation.

Please discuss the student's overall performance in relation to his or her ability. \_\_\_\_\_

Which course level would you recommend for this student? [ ] Regular [ ] Advanced

Comments: \_\_\_\_\_

Please describe this student's specific strengths. \_\_\_\_\_

Please describe this student's specific weaknesses. \_\_\_\_\_

## ACADEMIC EVALUATION

Academic Potential	<input type="checkbox"/> Limited	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Intellectual Curiosity	<input type="checkbox"/> Very Little	<input type="checkbox"/> Occasional	<input type="checkbox"/> In One Area	<input type="checkbox"/> Varied	<input type="checkbox"/> Strong
Creativity	<input type="checkbox"/> Very Little	<input type="checkbox"/> Occasional	<input type="checkbox"/> In One Area	<input type="checkbox"/> Varied	<input type="checkbox"/> Strong
Effort and Perseverance	<input type="checkbox"/> Very Little	<input type="checkbox"/> Occasional	<input type="checkbox"/> In One Area	<input type="checkbox"/> Varied	<input type="checkbox"/> Strong
Follows Directions	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Ability to Work Independently	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Classroom Conduct	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Attention Span	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Study Habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Time Management	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding

## CHARACTER EVALUATION

Honesty and Integrity	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Consideration of Others	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Social Skills	<input type="checkbox"/> Troublemaker	<input type="checkbox"/> Loner	<input type="checkbox"/> Shy/Reserved	<input type="checkbox"/> Friendly	<input type="checkbox"/> Leader
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Emotional Stability	<input type="checkbox"/> Unstable	<input type="checkbox"/> Weak	<input type="checkbox"/> Stable	<input type="checkbox"/> Balanced	<input type="checkbox"/> Very Stable
Self-Confidence	<input type="checkbox"/> Insecure	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Healthy	<input type="checkbox"/> Assured	<input type="checkbox"/> Secure
Responsibility	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Cooperation of Parents/Guardians	<input type="checkbox"/> No Contact	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good

Please feel free to include any additional comments about this student on a separate sheet of paper.

School Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Teacher's Name ( print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Teacher's Email Address

\_\_\_\_\_  
Date