Applicant’s Name ________________________ Applying for Grade ________________

Counselor or Administrator Evaluation

Name of person completing this report: ____________________________________________
Name of school: ________________________________________________________________

1. I have known the above applicant for __________________ as his/her ____________________

2. This report is based on: _____ Personal observation and contact with student _____ Teacher Comments ________
   Other counselor’s observations _____ Records _____ Other (explain) _______________________________

3. The student has been sent to the office for disciplinary reasons: _____ Often _____ Seldom _____ Never
   Please describe problem(s) ____________________________________________________________

4. This student has been suspended _____ times. Reason(s) _____________________________

5. Has the applicant been expelled or dismissed from school for academic or disciplinary reasons and therefore not
   eligible to return? _____ Yes _____ No Explain: ____________________________________________

6. Do you have any reason to doubt this student’s academic integrity? ________ Yes ________ No

7. The applicant’s attendance has been: _______ Excellent _______ Good _______ Poor

8. The applicant’s parents can best be described as: (Circle as many as apply)
   Involved Cooperative Difficult Uninvolved Tends to blame school for student’s problems

9. Does the applicant have any significant limitations (physical, social/emotional, academic/learning disabilities)
   Please describe: ____________________________________________________________________

__________________________________________________________________________________