

Administrator Recommendation

For students applying for grades 6 - 12

tudent's Name:		Current Grade:		
To Parents: This confidential assessment form is to Admission Committee cannot make a dinformation provided is held in the stricture part of the student's permanent record.	lecision until this fo ctest confidence and	rm has been receive	ed directly from the	administrator. The
I/We authorize the release of my/our da will not seek access to confidential reco is made.				
Signatures of Both Parents/Legal Guardians		Date		
Administrator Name			Position	
chool_			School Phone	
xplain. Please complete this form and re	Below Average	Average	Above Average	Outstanding
Academic potential			-	
Academic achievement				
Attitude toward academics				
Organizational skills				
Organizational skills Abides by school rules				
Abides by school rules				
Abides by school rules Peer relations				
Abides by school rules Peer relations Cooperates with faculty				
Abides by school rules Peer relations Cooperates with faculty Integrity				
Abides by school rules Peer relations Cooperates with faculty Integrity Family support for school			Date	
Abides by school rules Peer relations Cooperates with faculty Integrity Family support for school Family financial responsibility Signature Thank you for completing this evaluation	on! Please return	this form directl	y to Ashley I	Hall Admission Office edge Avenue
Abides by school rules Peer relations Cooperates with faculty Integrity Family support for school Family financial responsibility Signature Thank you for completing this evaluation Would you like a call from a member of our	on! Please return	this form directl	y to Ashley 172 Rutl	Hall Admission Office