

THE LAKESIDE SCHOOL

Confidential Evaluation Form

Must come from a current teacher in a core subject area or an administrator.

Grades 1-6

Applicant's Legal Name: _____ Applicant for Grade: _____
First Middle Last

I understand that this recommendation is confidential and will not be made available for student or parent review.

Parent Signature: _____ Date: _____

The applicant whose name is indicated above is presenting an application for admission to The Lakeside School. Your evaluation of his/her academic performance, intellectual promise, and personal qualities, will assist the Admission Committee in making an informed decision. Your comments are held in confidence and only shared with the Admission Committee. A quick response is greatly important as we do not consider an applicant until all evaluations are received. Please complete this form and return it to: **Director of Admissions, The Lakeside School, 1020 Lake Drive, Eufaula, AL 36027.**

ACADEMIC ABILITIES

Place a check mark in the appropriate box

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>LIMITED</u>	<u>NO EVALUATION</u>
--	------------------	-------------	-------------	----------------	--------------------------

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>LIMITED</u>	<u>NO EVALUATION</u>
ACADEMIC POTENTIAL					
CRITICAL THINKING SKILLS					
MOTIVATION					
STUDY SKILLS					
ORGANIZATIONAL SKILLS					
INTELLECTUAL INTEREST					
CREATIVITY					
DETERMINATION					
READING COMPREHENSION					
BASIC MATH SKILLS					
ABILITY TO GRASP NEW CONCEPTS					
ABILITY TO EXPRESS IDEAS IN WRITING					
ABILITY TO EXPRESS IDEAS ORALLY					

PLEASE LIST THE STRENGTHS AND NEEDS OF THE APPLICANT IN THE SPACE PROVIDED.

Greatest Strengths:

Greatest Needs:

CHARACTER - PERSONALITY

Place a check mark in the appropriate box

ATTITUDE ABOUT SCHOOL	EXCELLENT	GOOD	AVERAGE	POOR
PERSONALITY	DOER	INTERACTIVE	SUPPORTIVE	CAUTIOUS
CONCERN FOR OTHERS	ACTIVE	INVOLVED	LACKING	INDIFFERENT
SOCIAL RELATIONS W/ PEERS	VERY HEALTHY	GOOD	PROBLEMS	POOR RELATIONS
CLASS PARTICIPATION	ACTIVE	INVOLVED	LACKING	DOMINATES
WORKS IN A GROUP	WORKS WELL	SOMETIMES	DIFFICULTY	MANY PROBLEMS
SHOWS INITIATIVE	ALWAYS	USUALLY	SOMETIMES	RARELY
ATTENTION SPAN	ENGAGED	ATTENTIVE	VARIES	NEEDS DIRECTION
FOLLOWS DIRECTIONS	ALWAYS	USUALLY	SOMETIMES	RARELY
INTERACTION W/ TEACHERS	EXCELLENT	POSITIVE	PROBLEMS	POOR RESPECT
WORKS INDEPENDENTLY	EXCELLENT	GOOD	NEEDS HELP	CONSTANT HELP
CLASSROOM BEHAVIOR	EXCELLENT	GOOD	AVERAGE	POOR
COMPLETES ASSIGNMENTS	CONSISTENTLY	USUALLY	NEEDS TIME	DIFFICULTY
FINE MOTOR SKILLS	EXCELLENT	GOOD	AVERAGE	POOR

PLEASE ANSWER THE FOLLOWING QUESTION ABOUT THE APPLICANT IN THE SPACE PROVIDED.

Do you have any reason to question the academic or personal integrity of the applicant? ____ Yes ____ No

If yes, please explain:

Other comments:

THANK YOU FOR YOUR TIME AND EVALUATION OF THIS APPLICANT. IF YOU FEEL UNCOMFORTABLE WRITING SOME OF THE INFORMATION AND WOULD LIKE TO EXPRESS IT VERBALLY, PLEASE LEAVE YOUR PHONE NUMBER BELOW.

I have known the applicant for ____ years: ____ months

My relationship has been that of ____ current teacher: ____ former teacher: other _____

What subject areas do you teach? _____

What are the first few words that come to mind when describing this applicant?: _____

Evaluator's name: _____ Phone: _____

(Only if you wish to talk with us)

Evaluator's signature: _____ Date: _____

School Name: _____

School Address: _____

School Telephone Number: _____ Email Address: _____

Please return to: **Director of Admissions, The Lakeside School, 1020 Lake Drive, Eufaula, AL 36027**