



CONFIDENTIAL Guidance Counselor/Principal Evaluation

We greatly appreciate your taking the time to complete this form. It provides one way of getting to know the student and is reviewed with the understanding that students are constantly changing and developing. Our intention is to establish a dynamic understanding of the student, and your observations and descriptions are essential in this process. Preparers and recipients are expected to maintain the information in strict confidence and to refrain from sharing it with students, parents, or guardians.

Student's Name: _____ Applying for Grade: _____

Current School: _____

Evaluator's Name, Title, Email, Phone: _____

How long have you known this student? _____

In what ways do you know this student? _____

What are the first three words or phrases that come to mind to describe this student? _____

In approximately which quintile of the grade is this student performing?

1st (highest) 2nd 3rd 4th 5th N/A

And last year?

1st (highest) 2nd 3rd 4th 5th N/A

The student's greatest strength is: _____

An area of growth for this student is: _____

Has the student been found responsible for academic or behavioral misconduct? Yes No

If yes, please explain. _____

Please describe the style of learning environment in which you see this student thriving.

To the best of your ability, please rate the student in each of the following areas:

Overall academic achievement <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Integrity with peers/teachers <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Social relationships with peers <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Relates poorly	<input type="checkbox"/> Has occasional problems	<input type="checkbox"/> Usually relates well	<input type="checkbox"/> Healthy relationships
Interactions with adults <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Interacts poorly	<input type="checkbox"/> Has occasional problems	<input type="checkbox"/> Usually interacts well	<input type="checkbox"/> Healthy interactions
Independence <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Limited	<input type="checkbox"/> Developing	<input type="checkbox"/> Occasionally needs help	<input type="checkbox"/> Self-reliant
Motivation & initiative <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Low	<input type="checkbox"/> Occasionally evident	<input type="checkbox"/> Evident	<input type="checkbox"/> Exemplary
Participation & leadership in school life <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Does not participate	<input type="checkbox"/> Occasionally participates	<input type="checkbox"/> Seeks opportunities & uses them well	<input type="checkbox"/> Natural leader
Attendance <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Punctuality <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Parent participation in child's education <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Overly involved	<input type="checkbox"/> Rarely involved	<input type="checkbox"/> Sometimes involved	<input type="checkbox"/> Appropriately involved
Parent cooperation <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> Not cooperative	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exemplary
Parent expectations	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unrealistic	<input type="checkbox"/> Realistic	<input type="checkbox"/> Other

Overall, I recommend this individual:

As a student: <input type="checkbox"/> No basis for assessment	<input type="checkbox"/> With reservation	<input type="checkbox"/> Fairly strongly	<input type="checkbox"/> Strongly	<input type="checkbox"/> With great enthusiasm
As a person:	<input type="checkbox"/> With reservation	<input type="checkbox"/> Fairly strongly	<input type="checkbox"/> Strongly	<input type="checkbox"/> With great enthusiasm

Please share anything else about the student you feel would be important for us to know. You may also describe extenuating circumstances related to any of the aforementioned areas above. We appreciate your thoughtful responses and will be sure to take all aspects of the student's profile into consideration.

Evaluator's signature: _____ Date: _____