Confidential Evaluation Form

Lubbock Christian School
2604 Dover Avenue
Lubbock, TX 79407

This student whose name follows has applied for admission to Lubbock Christian School and has given your name as a reference. We ask for your candid evaluation of this student. We need your input to help us in making a good decision for the student. Please understand that this evaluation will be held in strict confidence. Thank you for your help. Please address any questions to our Admissions Office at (806)-796-8700. This form may be faxed directly to our Admissions Office at (806)-791-3569 or mailed to the address above.

Student's Name: _____Grade Applying for: ____ Date: _____

1. How long have you known this applicant? _____
2. What is your relationship to the applicant? _____
3. Please rate the applicant in each of the following areas using the columns provided. Please note that 5 is superior and 1 is poor. In the areas where you are unable to judge, check "N/A".

RATING

AREA	Poor		AVE.	SUPERIOR			COMMENTS
	1	2	3	4	5	N/A	
Academic potential							
Academic achievement							
Organization/Study habits							
Responds well to redirection							
Ability to get along with peers							
Completes assignments							
Desire to learn							
General behavior							
Initiative							
Involvement in school activities							
Leadership potential							
Parental support of school							
Parental support of student							
Work ethic							
Personality							
Self-confidence							
Self-discipline							

4. From the list below, choose three words that best describe the candidate. Please circle your choices.

Aggressive	Daydreamer	Intelligent	Slow
Ambitious	Disobedient	Leadership	Sneaky
Athletic	Distractible	Obedient	Troubled
Caring	Energetic	Perfectionist	Trustworthy
Cheerful	Hyperactive	Persevering	Underachiever
Clown	Industrious	Rebellious	Other: _____

5. To your knowledge (yes or no) does the student have any known: Learning Disabilities _____? Emotional Problems _____? Hyperactivity or Attention Deficit Disorder _____?

6. Please list applicant's greatest strength:

7. Please list applicant's greatest weakness:

8. Remarks:

Signature of Reference: _____ Date: _____

PARENT'S STATEMENT

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my student, knowing that I will not see this evaluation form upon completion.

Signed: _____ Date: _____

Name and address of reference: _____

_____

_____

Phone number of reference: _____

Occupation of reference: _____