

Candidate Name \_\_\_\_\_ Grade \_\_\_\_\_

The student named above is currently an applicant to All Saints' Academy. Please supply the information requested below. Your prompt return of the completed form to the Director of Admission is greatly appreciated. Thank you for your assistance in the admission process.

List three words that adequately describe the student.

\_\_\_\_\_

Please place check marks at the points that represent your evaluation of the student in comparison to other students in their age group. If you have no fair basis for judgement, please do not hesitate to respond accordingly.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Academic Potential				
Academic Achievement				
Intellectual Curiosity				
Effort/Motivation				
Ability to Work Independently				
Organization				
Creativity/Originality				
Willingness to Take Risks				
Concern for Others				
Honesty/Integrity				
Self-esteem				
Maturity				
Emotional Stability				
Responsibility				
Written Expression				
Oral Expression				
Attention to Detail				
Comprehension				
Ability to Reason/Problem Solve				
Potential for Intellectual Growth				
Overall as a Student				
Overall as a Person				

How well do you know the student academically? \_\_\_\_\_

As a person? \_\_\_\_\_

What course(s) did you teach the student? \_\_\_\_\_

\_\_\_\_\_

How many years have you taught the student? \_\_\_\_\_

What is the student's greatest strength? \_\_\_\_\_

What is the student's greatest area of improvement? \_\_\_\_\_

Describe the student's ability to lead and influence others. \_\_\_\_\_

Describe the student's character and involvement in your classroom. \_\_\_\_\_

Describe the student's behavior and interaction with fellow students. \_\_\_\_\_

Please provide any additional information that may help provide a more complete picture of the student. \_\_\_\_\_

I recommend this candidate for admission to All Saints' Academy.

- Enthusiastically     With reservations     Not at all

*Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of this process.*

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Subject Taught

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

Please return in the enclosed envelope. Mail to:

Gail Bonnichsen  
Director of Admission  
All Saints' Academy  
5001 State Road 540 West  
Winter Haven, FL 33880

If you have any questions, please contact:

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