



Confidential Evaluation Form

Applying to Grades 4-12

Principal or Guidance Counselor

Brent International School Manila

To the Applicant's family: Please give this form to your child's recent Principal or Guidance counselor.
(At some schools the best individual might be an Assistant Principal or Headmaster.)

Applicant's Name _____ Date of Birth _____ Current grade _____ Applying to grade _____

To the Principal or Guidance Counselor: Information about this student will be valuable in assisting us to evaluate this student for admission to our school. Your evaluation and comments will be kept confidential. Thank you.

I request you call me to discuss this applicant Phone number: _____

Name and Signature of person completing this form _____ Position / title _____

Email Address _____ How long have you known this student? _____

School Name _____ Country _____

School Website _____ School Phone _____ Date _____

Overall average academic rating of the applicant (letter grade and percentage) _____

Please indicate his / her rank in class: Top 10% Top 25% Middle 50% Lower 25%

Number of students in this class: _____

Your school's minimum passing grade: 50 60 65 70 75 Other _____

Please comment briefly on any strengths: _____

Is this student passing all subjects at the time of withdrawal? yes no

If not, which subject(s) is the student failing? _____

Has this student received disciplinary action in your school?

Detention No Yes, reason for disciplinary _____

Suspension No Yes, reason for disciplinary _____

Are you aware of any limitations (academic, emotional, or physical) regarding the student?

Yes* No

Have you observed any signs of learning disabilities?

Yes* No

Does this student receive any special accommodations?

Yes* No

*If yes, please explain: _____

Signature of person completing this form

Applicant's name

Please mark the appropriate boxes.

No Basis for Judgement	Outstanding	Very Good	Good	Average	Below Average
<input type="checkbox"/> Academic Potential	<input type="checkbox"/>				
<input type="checkbox"/> Actual Academic Performance	<input type="checkbox"/>				
<input type="checkbox"/> Motivation	<input type="checkbox"/>				
<input type="checkbox"/> Leadership Potential	<input type="checkbox"/>				
<input type="checkbox"/> Conduct / Deportment	<input type="checkbox"/>				
English Language Proficiency					
<input type="checkbox"/> Writing	<input type="checkbox"/>				
<input type="checkbox"/> Reading	<input type="checkbox"/>				
<input type="checkbox"/> Speaking	<input type="checkbox"/>				
<input type="checkbox"/> Listening	<input type="checkbox"/>				
Participation in School Activities					
<input type="checkbox"/> Clubs and Sports	<input type="checkbox"/>				
<input type="checkbox"/> Student Council	<input type="checkbox"/>				
<input type="checkbox"/> Service to School / Community	<input type="checkbox"/>				
School Attendance		none	1 - 3	4 - 6	7 - 9
<input type="checkbox"/> Tardies	<input type="checkbox"/>				
<input type="checkbox"/> Absences	<input type="checkbox"/>				

Please circle the words which you feel describe the applicant:

angry	confident	follower	irritable	over-protected	selfish
anxious	conscientious	happy	manipulative	passive	self-disciplined
articulate	disobedient	helpful	motivated	perfectionist	shy
assertive	easily discouraged	honest	negative leader	positive leader	social
cheerful	influential	organized	responsible	vivacious	well-liked

We appreciate your comments and observations concerning this student. Please feel free to use additional paper.

How strongly do you recommend this applicant?

	Enthusiastically	Strongly	Fairly Strongly	Without Enthusiasm	Not Recommended
As a student:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent involvement:	<input type="checkbox"/> Much	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely	<input type="checkbox"/> Not Involved	<input type="checkbox"/> Don't Know
Parent cooperation:	<input type="checkbox"/> Very Cooperative	<input type="checkbox"/> Usually Cooperative	<input type="checkbox"/> Not Cooperative		

You may return this completed form to the family in a sealed envelope, scan it and attach it to an email to the Admissions Secretary, or simply mail it. Thank you for your assistance! ☺

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