

Prospective Student Evaluation

VFMA&C

Name of Student: _____

Please circle the phrase that best describes this student for each of the categories listed.

	4 Outstanding	3 Very Good	2 Satisfactory	1 Needs Improving	Poor
1) Academic Achievement	GPA of A	GPA of B	GPA of C	GPA of D	GPA of F
2) Academic Ability	Top of the Class	Above average	Average	Below average	Bottom of the Class
3) Extracurricular Participation	Highly active in a variety of groups	Is involved in many groups	Involved in some groups	Not too involved	Not involved at all
4) Follows the Rules	All the time	Seldom in trouble	Nothing to worry about	Has had some problems in the past	Headed for some big problems
5) Goal Oriented	Focused and ambitious	Seldom distracted from the task at hand	Gets there eventually	Not a self-starter	Has no goal or ambition
6) Courage	Not afraid to stand up for what he believes	Will usually speak out	Quiet; not intimidated	A follower	Is often misled
7) Integrity	Can be trusted all the time	Usually trustworthy	Does not lie, but may omit the facts	Not always truthful	Cannot be trusted
8) Friendship	Everyone wants to be his friend	Most people enjoy being around him	Will be fine when he matures a bit	Often can not hold a friendship too long	Is a loner; bad crowd
9) Initiative; Motivation	Motivated; Resourceful	Industrious	Usually acts on his own willingness	Lacks drive	Laid back
10) Leadership	Take charge type of person	Seeks responsibility	Can lead if put in a leadership role	Rather be a follower	Leads in the wrong direction
11) Communication Skills (oral/written)	Outstanding	Very Good	Satisfactory	Needs Improvement	Poor
12) Stability	Always in control	Seldom gets nervous	Usually calm unless under pressure	Easily pushed over the edge	Wide mood swings
13) Overall Attitude	Responsive; attentive; always tries	Conscientious	Selectively responsive	Inattentive; day dreamer	Inappropriate; doesn't care

VFMA&C makes efforts to accommodate students who have documented learning differences, have participated in an Individual Education Program (IEP), special education or resource program. Please comment if the student has participated in any of these programs.

Please use the back of this form if you need additional space.

Choose One: English Teacher Math Teacher Counselor

Name of Counselor or Teacher: _____

Date: _____

Name of School: _____

Address: _____

City _____ State _____ Zip _____