



300 Tivoli Gardens
Peachtree City, GA 30269

Administrator/Counselor Evaluation Form

Phone: (770) 632-1710 / FAX: (770) 631-3860

www.thecampusway.com

Applicant's Name: _____ Current Grade _____

*I grant my permission for the following information to be sent to **The Campus**. I understand that the information on this form becomes the confidential property of The Campus and not subject to review.*

parent/guardian signature

Date

Evaluator's Name _____ School _____

For how long and in what capacity have you known this student? _____

Has the student ever been expelled or suspended? Yes / No If yes, please describe. _____

To your knowledge, has the student had any history of involvement with drugs/alcohol, juvenile delinquency or other serious conduct disorders? Yes / No If yes, please describe. _____

Please rate the student in the following categories by placing a check in the appropriate place.

	<i>excellent</i>	<i>good</i>	<i>average</i>	<i>below average</i>	<i>poor</i>
Classroom Behavior					
Motivation					
Parental Involvement					
Peer Relations					
Respect for Authority					

Signature

Date

*Please return this completed form to **The Campus**.*

On the back of this page, make any additional comments you feel would be beneficial to know in working with this student.