WILMINGTON CHRISTIAN SCHOOL

Student Evaluation - Administrator

To help us assess student placement at WCS, please complete this form and return it to our Admissions Office.

STUDENT

Last Name	First	Grade	Date

ADMINISTRATOR

Administrator Name	Title	Phone

School Name	Street Address	City, State, Zip

How long have you known this student? _____

EVALUATION

1 = Fair 2 = Average 3 = Good 4 = Excellent 5 = Unable to Assess

Please rate each category below.

Evaluator - In addition to this report, please send copies of current and previous year report cards, transcript, and standardized test scores.

	1	2	3	4	5
Academic Performance	☐	☐	☐	☐	☐
Social Adjustment	☐	☐	☐	☐	☐
Emotional Maturity	☐	☐	☐	☐	☐
Attitude	☐	☐	☐	☐	☐

	1	2	3	4	5
Consideration of Others	☐	☐	☐	☐	☐
Integrity & Honesty	☐	☐	☐	☐	☐
Self-Confidence	☐	☐	☐	☐	☐
Leadership	☐	☐	☐	☐	☐

Are the parents in agreement with your view of the student? ☐ Yes ☐ No ☐ Don't Know

Do the parents demonstrate support for the school's mission and program? ☐ Yes ☐ No ☐ Don't Know

How many days has this students been absent in the past school year? _____

To your knowledge are the parents in agreement with this assessment? ☐ Yes ☐ No ☐ Don't Know

Has this student ever been suspended or involved in serious offences? Explain. _____

_____

_____

I would prefer to discuss this. Please call me at: _____

RELEASE

I grant permission to release this information to:

Wilmington Christian School
Admissions Office
825 Loveville Road
Hockessin, DE 19707

Parent / Guardian Signature	Date

Revised 1/1/06