IMMANUEL SCHOOLS STUDENT EVALUATION FORM

FOR ADMISSION TO IMMANUEL **GRADES 7 - 12**

CONFIDENTIAL! Fax: 559.638.7030 Attn: Admissions

1128 S. Reed Ave. - Reedley, CA 93654 559.638.2529

STUDENT'S NAME:	Grade Entering		
Each prospective student is required to submit two evaluations forms:			

ONE EVALUATION FROM A TEACHER AT HIS/HER SCHOOL

- ONE EVALUATION FROM THE ADMINISTRATOR IN CHARGE OF DISCIPLINE AT HIS/HER SCHOOL.

Please fill out this form as thoroughly as possible and fax or mail to Immanuel Schools -- not to the prospective student. If not returned, this may keep student from beginning school.

Please do not answer questions where you have no opinion or conviction. Check the rating which indicates your estimate. Additional remarks for fuller explanation are most helpful to us.

	Personal Qualities	All the time	Majority of the time	Occasional	Never	Not Observed
1.	Demonstrates good judgment					
2.	Has regular attendance in school					
3.	Self-control/emotionally stable					
4.	Demonstrates initiative and reliability					
5.	Enthusiastic - likes school, pleasing to be around					
6.	Friendly genuine interest in others					
7.	Responds well to suggestions and corrections					
8.	Is interested in finding success in academics					
9.	Demonstrates leadership qualities					
10.	Home background is positive					
11.	Cooperative					

12.	The student is academically:	above average	average	below average			
13.	Please check any of the following that may pertain to the applicant.						
	suspended from school	has sn	has smoked				
	expelled from school	has us	has used alcohol or drugs				
		uses p	rofanity				
14.	In your opinion, is the applicant's character	:•					
	very trustworthy	needs	needs watching				
	generally trustworthy	habitu	ally dishonest				
15.	In your opinion, the applicant's circle of friends causes him/her:						
	to consistently seek to do good	to flow with the crowd					
	to generally be honest and do what is	right _	to use poor	judgment			
	to do wrong deeds, hoping to get away with them						
16.	Please make any additional comments that Immanuel Schools:	may be neipiui in c	evaluating tins ap	pheant for admission to			
17.	May we contact you by phone for additionanoyes phone						
	I recommendI do not reco		I recommend with please explain ab				
Signat	ure:		Date:				
PRINT NAME:			Teacher	Administrator			
School	!:		City:				