



Student's name:	School:
Evaluator's name:	Time known student:
Evaluator's position:	Date:
Evaluator's email address:	

Please fill out the following information on the above student.

This confidential form must be emailed directly to admissions@aisr.org or faxed to ++966-11-459-7755.

	Exceptional	Good	Average	Below Average	Very Low	Not Applicable
Academic Ability						
Productivity in Class						
Creativity and Originality						
Disciplined Work Habits						
Respect for/Rapport with Others						
Taking Responsibility						
Self-Confidence						
Initiative and Independence						
Overall Maturity						
Self-Control						
Thoughtful Response to Set-backs						
Communication Skills (oral)						
Communication Skills (written)						
OVERALL EVALUATION						

Please comment on the student's overall academic performance and commitment to learning.

Signature _____