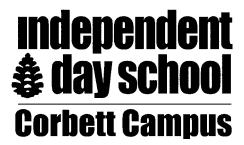


Intermediate and Middle School Student Evaluation

has applied for entrance to grade at Independent Day School.						
We would appreciate your frank evaluation so. Please be assured that your observation				you fee	l quali	fied to do
In what capacity do you know the applicar	nt?					
How long have you known the applicant?_						
						Do not
Please check the appropriate rating:	Excellent	Strong	Average	Weak	Poor	Know
Work habits: organization						
Work habits: motivation & effort						
Work habits: independence & initiative						
Work habits: homework						
Work habits: overall achievement						
Attention span						
Listening skills						
Active class participation						
Ability to work in groups						
Cooperation & helpfulness						
Ability to grasp abstractions						
Ability to think logically						
Ability to develop an idea orally						
Ability to develop an idea in writing						
Social skills: peers						
Social skills: adults						
Self-esteem & self-acceptance						
Self-confidence						
Ability to deal with anger						
Emotional stability & self-control						
Honesty and integrity						

What special sl	kills, interests or pas	times - creative, athlet	ic, social, etc does the	applicant have?
Please briefly d skills and knov		's academic performanc	ce, noting any special stre	engths or weaknesses in
-		as a person, noting suc nsibility, leadership pot	ch factors as warmth, politential and maturity.	iteness, sense of humor,
	any physical, intellectical progress at school		l or other factors that cou	lld affect the applicant's
Please check:	Enthusiastically Recommend	Recommend with Confidence	Recommend with Reservations	Do not Recommend
As a student				
As a person				
Signature			Position	
Name (Please 1	Print)		Phone _	
Present address	3			
We ap	ppreciate your time an	nd consideration in the	completion of this form	. Thank you!
	Please m		ssions Director	

Admissions Director Independent Day School 12015 Orange Grove Drive Tampa, Florida 33618-3699



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