

The following student has submitted an application to Riverside Christian School. We would appreciate your assessment and insight concerning this student in the areas of academics and character. Please complete this form as accurately as possible so that fair evaluation of the student may possible. We value your response to each question and we will keep your input confidential.

Student Name:	Current Grade:
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I give permission for the teacher to release information on this form to Riverside Christian School. I understand that as parents we will not have access to this confidential information.

Signature of Parent/Guardian:	Date:
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**ACADEMIC ABILITY**

	Excellent	Above Average	Average	Below Average	No Basis for Evaluation
Reading Ability &Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any ratings were Below Average, please explain:

**CHARACTER AND PERSONALITY**

	Excellent	Above Average	Average	Below Average	No Basis for Evaluation
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers towards student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any ratings were Below Average, please explain:

How long have you known the student?		
Are there any indicators that this student has learning difficulties?		
What are the student's strong points?		
Which areas, if any, need improvements?		
Are there any disciplinary concerns?		
Please comment on parent involvement and cooperation with the school.		
Please mark any of the following that apply:		
<input type="checkbox"/> significant health or physical disabilities <input type="checkbox"/> home conditions likely to affect school performance <input type="checkbox"/> significant behavior		
Explain if any of the above items were marked:		
Additional comments:		
Thank you for taking the time to fill out this form. Your input will be held confidential and is greatly appreciated.		
Teachers' Name (please print):		Signature:
School Name:		
Address:		
City:	State:	Zip:
May contact you if we have additional questions? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Phone or Email:		
<b>PLEASE RETURN THIS FORM TO:</b>  Riverside Christian School 463. N. Shepherd Rd Washougal, WA 98671		<b>CONTACT INFORMATION:</b>  School Phone: 360-835-5600 Fax: 360-835-7276 Email: riversidesch@gmail.com