Please list subject taught, including level of difficulty

Please list the textbook used, if applicable

Name of Student____________________________________________________________________

First Parent/Guardian Signature____________________________________________________

Second Parent/Guardian Signature____________________________________________________

To the Evaluator: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you for your cooperation and assistance.

How long have you known the candidate and in what connection? __________________________

Please list subject taught, including level of difficulty ______________________________________________________________________________________

Please list the textbook used, if applicable ____________________________________________________________________________________________

Academic Qualities

Academic ability
☐ Outstanding
☐ Good
☐ Average
☐ Below average

Academic achievement
☐ Outstanding
☐ Good
☐ Average
☐ Below average

Effort and drive
☐ Outstanding
☐ Good
☐ Sporadic
☐ Occasional

Study habits
☐ Well organized
☐ Organized
☐ Easily distracted
☐ Poor

Intellectual curiosity
☐ Strong and varied
☐ Good
☐ An occasional spark
☐ Limited

Ability to work with others
☐ Always works well
☐ Usually effective
☐ Sometimes unable to cope
☐ Has great difficulty in a group

Ability to work independently
☐ Always works alone
☐ Needs help occasionally
☐ Needs help frequently
☐ Requires supervision

Concentration
☐ Exceptional
☐ Usually good
☐ Occasionally distracted
☐ Easily distracted

Written expression of ideas
☐ Ideas and mechanics excellent
☐ Ideas good, mechanics good
☐ Ideas good, mechanics fair
☐ Ideas fair, mechanics good
☐ Ideas and mechanics poor

Oral expression of ideas
☐ Exceptional
☐ Good
☐ Only when called on
☐ Wants to dominate
☐ Rarely contributes

Seeks help when needed
☐ Always
☐ Sometimes
☐ Never

Uses Suggestions
☐ Always
☐ Usually
☐ Sometimes
☐ Rarely

Personality Traits

CIRCLE all the words that best describe the student

Aggressive
Anxious
Articulate
Assertive
Cheerful
Confident
Conscientious
Disobedient
Easily discouraged
Follower
Helpful
Honest
Influential
Irritable
Manipulative
Motivated
Negative leader
Over-protected
Passive aggressive
Perfectionist
Positive leader
Responsible
Self-centered
Self-disciplined
Shy
Social
Vivacious
Well-liked

Personal Qualities

Maturity
☐ Very mature
☐ Appropriate
☐ Somewhat immature
☐ Very immature

Consideration of others
☐ Unusually thoughtful
☐ Usually considerate
☐ Rarely considerate
☐ Selfish

Social adjustments with peers
☐ Healthy relationships
☐ Occasional minor problems
☐ Frequent minor problems
☐ Relates poorly

Sense of humor
☐ Delightful
☐ Good
☐ Inappropriate
☐ Humorless

Attitude of parents
☐ Cooperative
☐ Uninvolved
☐ Overly protective
☐ Antagonistic

Self-confidence
☐ Has healthy self-image
☐ Needs some support
☐ Appears overly confident
☐ Needs much reassurance

Integrity
☐ Very trustworthy
☐ Usually trustworthy
☐ Occasionally trustworthy
☐ Untrustworthy

Conduct
☐ Well-behaved
☐ Usually obeys rules
☐ Occasionally misbehaves
☐ Frequently misbehaves

(continues...)
Please comment on each of the following regarding this child. Attach a separate page for additional comments.

Academic Strengths and Weaknesses. Comment concerning writing ability, math skills or other skills appropriate to your subject area will be particularly helpful. Consider such categories as effort, curiosity, motivation, achievement in relation to potential, class participation, and homework preparation.

Emotional Maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, and response to frustration.

Personal Qualities: leadership, honesty, responsibility, concern for others, and sense of humor.

Overall Rating

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>With reservations</th>
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<tbody>
<tr>
<td>As a student</td>
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<td>As a person</td>
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<tr>
<td>Overall</td>
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</tbody>
</table>

Is there anything else the school should know as this student is considered for admission?

Do you have any additional information that may be helpful in our evaluation of this student?

May we contact you for further information?  ☐ Yes  ☐ No

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TEACHER’S NAME

POSITION

SCHOOL NAME

SCHOOL ADDRESS  CITY  STATE  ZIP

TELEPHONE  E-MAIL

SIGNATURE  DATE

Thank you for taking the time to complete this evaluation.

Mail directly to: Valley Forge Military • Academy Admissions Office • 1001 Eagle Road • Wayne, PA 19087
or submit via email to: Admissions_Academy@vfmac.edu