Applicant's Name (First Last**):** _____

Atlanta Area Association of Independent Schools (AAAIS)
Confidential Extracurricular - General Evaluation Form
Rising 6th through 12th Grades

Parent/Legal Guardian: *Please have your child's extracurricular instructor fill this form out electronically via Ravenna. If the school to which you are applying does not use Ravenna, fill out this section below and deliver this form to your child's current teacher. Include an addressed and stamped envelope to the school(s) where you wish this evaluation to be sent. The evaluator will either fill this form out via Ravenna or mail these forms directly to the Admissions office.*

Applicant's Name: _____ Preferred Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Applying for Grade: _____

Applicant's Current School: _____

To Parent/Legal Guardian: By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of the Atlanta Area Association of Independent Schools (AAAIS), you hereby release said member, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from providing, obtaining or using the form and the substance of the information provided by the evaluator. *All information provided on this form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and not become part of the student's permanent academic record.*

_____ _____
Signature of Parent or Legal Guardian Date

Evaluator: *Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence. Please ensure your auto-fill function does not populate incorrect answers.*

Name of Organization *(if applicable):* _____

Your name: _____ Your role in the organization: _____

Email address: _____ Phone number: _____

In what capacity and for how long have you known this applicant? _____

ATTITUDE AND APPROACH:	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NEEDS IMPROVEMENT	N/A
Commitment	☐	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐	☐
Reaction to Criticism	☐	☐	☐	☐	☐	☐
Self-Discipline	☐	☐	☐	☐	☐	☐

Comments on the applicant in your organization: _____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____
Evaluator's Signature *(please sign and print)* Job Title Date