



Social Worker/Guidance Counselor/Teacher APPLICATION Student Evaluation
INSTRUCTIONS: Complete one for each student who applies (NEW and RETURNING)

Student Name _____ Gender (circle one): M F

Present Grade (circle one): K 1 2 3 4 5 6 7 8

School _____ Teacher _____

Student Race/Ethnicity (check one):

- | | |
|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> White, not of Hispanic Origin | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black, not of Hispanic Origin | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ |

I. The questions below are about this student’s achievement in several specific subject areas in school. Think about achievement in these areas *over the past year you have known him/her.*

Please mark the box that best describes this student in each area.

If these subject areas are not applicable in your school or for this particular student, please select N/A.

	1 (poor)	2	3 (average)	4	5 (excellent)	N/A
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does this student have any learning disabilities (please circle)? Yes No
 If yes, please describe below.

How would you rate this student’s academic performance in comparison to his/her peers? (Circle One)

Below Average (Bottom of Class)	Average (Middle of Class)	Above Average (Top of Class)
1	2 3	4 5

TURN OVER TO COMPLETE

II. Please rate this student on his/her strengths and weaknesses in the listed areas.

Please mark the box that best describes this student in each area.

	1 (Definite Weakness)	2	3	4	5	6	7 (Definite Strength)
Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistence/Determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

III. Please provide some other information about the student and his/her family.

1. School Attendance (please check the appropriate box):

Good Average Poor # Days Absent this School Year: _____

Primary reason for absences (please check no more than two appropriate boxes):

- Illness
- Special Classes
- Other
- Please describe other: _____
- Tardiness
- Family Problems

2. Has the student had any discipline referrals or behavior issues that required your specific attention? Please indicate the type(s) and frequencies of an applicable issues in the list.

Please indicate in the space provided any other behaviors that require specific strategies to manage.

NOTE: Behavior issues do NOT necessarily bar admission automatically.

- None Few Several Inappropriate behavior with peers (fighting, language, etc)
- None Few Several Reluctant to follow directions from staff or talking out of turn
- None Few Several Inappropriate behavior at assemblies or outings
- None Few Several Difficulty in remaining on task when given assignments
- None Few Several _____

3. Please briefly explain how you think this Student would benefit from Horizons.

4. Please briefly describe any known family or medical background that may be pertinent.

THANK YOU!! Your information helps us make the best decision & provide the best possible experience.

Name: _____ **Position:** _____

Phone Number: _____ **Best time to call:** _____

Sign: _____ **Date:** _____