

Child's name _____

In relation to other children you have known in the candidate's age group, please check the appropriate line for each item below.

	Truly Outstanding	Excellent	Good	Fair	Below Average	Insufficient Evidence
ACADEMIC						
Academic potential	_____	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____	_____
Thinking skills	_____	_____	_____	_____	_____	_____
Written expression	_____	_____	_____	_____	_____	_____
Oral expression	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Curiosity	_____	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____	_____
Work habits/study skills	_____	_____	_____	_____	_____	_____
Organizational skills	_____	_____	_____	_____	_____	_____
Fine motor development	_____	_____	_____	_____	_____	_____
SOCIAL/EMOTIONAL						
Reaction to criticism	_____	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Peer compatibility	_____	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____	_____
Relations with adults	_____	_____	_____	_____	_____	_____
BEHAVIORAL						
Self-discipline	_____	_____	_____	_____	_____	_____
Conduct	_____	_____	_____	_____	_____	_____
Honesty	_____	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____	_____
Energy level	_____	_____	_____	_____	_____	_____
Attention span	_____	_____	_____	_____	_____	_____
Appropriate use of energy	_____	_____	_____	_____	_____	_____

Teacher signature _____ Date _____

Thank you for your time and valuable feedback concerning this applicant!