



300 Tivoli Gardens  
Peachtree City, GA 30269

Phone: (770) 632-1710 / FAX: (770) 632-1529

www.thecampusway.com

**Administrator/Counselor Evaluation Form**

Applicant's Name: \_\_\_\_\_ Current Grade \_\_\_\_\_

*I grant my permission for the following information to be sent to **The Campus**. I understand that the information on this form becomes the confidential property of The Campus and not subject to review.*

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
Date

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Evaluator's Name \_\_\_\_\_ School \_\_\_\_\_

For how long and in what capacity have you known this student? \_\_\_\_\_

Has the student ever been expelled or suspended? Yes / No If yes, please describe. \_\_\_\_\_

\_\_\_\_\_  
To your knowledge, has the student had any history of involvement with drugs/alcohol, juvenile delinquency or other serious conduct disorders? Yes / No If yes, please describe. \_\_\_\_\_

\_\_\_\_\_  
Please rate the student in the following categories by placing a check in the appropriate place.

	<i>excellent</i>	<i>good</i>	<i>average</i>	<i>below average</i>	<i>poor</i>
Classroom Behavior					
Motivation					
Parental Involvement					
Peer Relations					
Respect for Authority					

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form to **The Campus**.

On the back of this page, make any additional comments you feel would be beneficial to know in working with this student.