

Ava White Academy

Administrator/Counselor Evaluation Form

578 S. Enota Dr. N.E.
Gainesville, Ga. 30501
Phone: 770-536-6898 Fax: 770-536-6898
E-mail: whiteavator885@bellsouth.net

Applicant's Name _____ **Current Grade** _____

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

Parent/Guardian Signature *Date*

Evaluator's name _____ School _____

How long has the student been enrolled in your school? _____

Has the student had any history of serious conduct problems? If yes, explain.

Has the student ever been expelled or suspended? If yes, explain.

To your knowledge, has the student had any history of involvement with drugs/alcohol, juvenile delinquency or other serious conduct disorders? If yes, explain.

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

| | Excellent | Good | Average | Below Average | Poor |
|-----------------------|-----------|------|---------|---------------|------|
| Motivation | | | | | |
| Behavior | | | | | |
| Peer Relations | | | | | |
| Respect for authority | | | | | |
| Emotional Maturity | | | | | |
| Parental Involvement | | | | | |

Signature *Date*

Please return this form to **Ava White Academy** at the address above.
On the back of this page, make any additional comments you feel would be beneficial to know in working with this student