



Applicant Evaluation Form

Thank you for taking the time to complete this form and share your insights. Your input is essential in helping us assess the applicant's potential for success at Staggs Academy.

To maintain confidentiality, please return this form to the student in a sealed envelope.

Teacher Information:

Name: _____ Subject Taught to Applicant: _____

Title (Role/Position at School): _____ School: _____

Email: _____ Phone: () _____

No. of Years Teaching: _____ Length of Time Knowing Applicant: _____

Signature: _____ Date: _____

Evaluation Criteria

Please rate this candidate in each area below, using the scale provided. If you do not have enough information to assess a particular quality, please select *No Basis to Judge*.

Category	Outstanding	Good	Average	Below Average	No Basis to Judge
General Intelligence					
Emotional Stability					
Independence					
Citizenship					
Leadership					
Respect for Authority					
Motivation					
Dependability					
Reaction to Setbacks					
Intellectual Curiosity					
Maturity					

Overall Recommendation

How strongly would you recommend this applicant for admission to Staggs Academy?

(Please circle one)

Strongly Recommend | Recommend | Recommend with Reservation | Do Not Recommend

Additional Comments (Optional):

Please include any additional insights or comments that would be helpful in evaluating this applicant:
