



HOPEWELL ACADEMY
Administrator Evaluation

TO BE COMPLETED BY SCHOOL ADMINISTRATOR

STUDENT INFORMATION

Name *(first, middle, last)*:

School Name:

Current Grade:

Seeking Grade:

PARENTS/GUARDIANS

To the Parent/Guardian: Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential head of school evaluation and the school report for the student listed above.

Parent Signature:

Date:

School Administrator

To the School Administrator: The student named above is a candidate for admission to Hopewell Academy. Your recommendation is vital to our process. We would appreciate your honest responses to the questions below. When complete, please follow the instructions at the bottom of the page to ensure confidentiality Thank you for your assistance in evaluating this candidate.

How well do you know this student academically?

How well do you know this student personally?

If the student is not, or has not been, in good academic standing, please explain.

Has she or he withdrawn from school voluntarily for an extended period for reasons other than health?

Yes No

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction?

If Yes, Why?

Yes No

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Please place check marks at the points that represent your evaluation of the student in comparison to other students in her/his age group.

| | Excellent (Top 10%) | Good (Above Average) | Average | Below Average | No basis for judgment |
|---------------------------------|--------------------------------|-------------------------------------|----------------|--------------------------|----------------------------------|
| Academic potential | | | | | |
| Academic achievement | | | | | |
| Intellectual curiosity | | | | | |
| Effort/determination | | | | | |
| Ability to work independently | | | | | |
| Organization | | | | | |
| Creativity | | | | | |
| Willingness to Take Risks | | | | | |
| Concern for Others | | | | | |
| Honesty/integrity | | | | | |
| Self-esteem | | | | | |
| Maturity (relative to age) | | | | | |
| Responsibility | | | | | |
| Respect Accorded by Faculty | | | | | |
| Respect Accorded by Peers | | | | | |
| Emotional stability | | | | | |
| Overall Evaluation as a Student | | | | | |

| | |
|-----------------------|--|
| Printed Name | |
| Signature | |
| Title | |
| School Address | |
| Email Address | |
| Telephone | |
| Date | |

Thank you for completing this evaluation. You may scan and email this form to admissions@hopewellacademy.org, mail it in a sealed envelope to the address Below or fax it to (919) 481-4127(Cover Sheet Recommended). Confidentiality is guaranteed.