**CONFIDENTIAL EVALUATION FORM - DUE 3/20/23**

NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NATURE OF RELATIONSHIP WITH APPLICANT

TEACHER      COUNSELOR  ADMINISTRATOR   EMPLOYER     OTHER

2. NAME OF REFERENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE/OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL/ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW LONG HAVE YOU KNOWN APPLICANT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. PLEASE RATE THE APPLICANT, WITH RESPECT TO EACH TRAIT LISTED BELOW, BY WRITING 1 THROUGH 6 ON THE LINES BELOW TO INDICATE RELATIVE STANDING AMONG OTHER STUDENTS WITH WHOM YOU HAVE HAD CONTACT.

RATING SCALE

 1…..Ranks with the very best students (top 5%)

2…..Superior (top 10%)

3…..0utstanding (top 25%)

4…..Above average (top 40%)

5…..Average

6…..Below Average

X…..No opportunity to observe

\_\_\_\_\_Academic record and achievement

\_\_\_\_\_Initiative and motivation

\_\_\_\_\_Leadership

\_\_\_\_\_Integrity, Honesty, Dependability

\_\_\_\_\_Special Talents, Abilities

\_\_\_\_\_Extent of Participation in Extracurricular Activities

\_\_\_\_\_Potential Contributions to Society

\_\_\_\_\_Ability in Interpersonal Skills

\_\_\_\_\_Communication Skills, Written and Oral

RETURN TO:   CHS Counseling Center, 850 N. Nolan River Rd., Cleburne, TX 76033

 \*\* You can also email the form to us at chsscholarships@c-isd.com \*\*