

# The Bedford School

## Administrator/Counselor Evaluation Form

5665 Milam Road / Fairburn, GA 30213

Phone:(770)774-8001 / FAX:(770)774-8005

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

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

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

\_\_\_\_\_  
*date*

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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.

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

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*

Please return this form to **The Bedford School** 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.