



1700 Buckeye Loop Road
Winter Haven, FL 33881
Phone: 863-294-4135
Fax: 863-508-6354
www.whcsonline.org

Principal/Counselor Evaluation:

Required for new students entering grades 1-12 (not required for Pre-K or K5 students)

To Applicant: Complete this section and deliver the form to the student's current guidance counselor or principal. The evaluator may fax or mail this form directly to the school office. Please print or type in the blanks below. Evaluations become the confidential property of Winter Haven Christian School and are not subject to applicant or parental review.

Parent Signature _____

Student's Name _____

Address _____

City _____ State _____ Zip _____

Requested Admission Date _____

To Evaluator: The above named student has made application to Winter Haven Christian School. Please complete this form and fax it or mail it to Winter Haven Christian School. This information will be held in strict confidence. Please confer with professional colleagues to ascertain information if necessary.

Evaluator _____

Title _____

School _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

1. How long has the student been enrolled in your school? _____
2. How long have you known the student? _____
3. To your knowledge has the student had any history of serious conduct problems? No ___ Yes ___
If yes, please explain _____
4. Has the applicant ever been suspended? No ___ Yes ___ If yes, please explain _____
5. Has the applicant ever been expelled? No ___ Yes ___ If yes, please explain _____

6. Will the applicant be permitted to re-enroll in your school? Yes ____ No ____ If no, please explain. _____
7. Please comment on the applicant's attitude towards school. _____
8. To your knowledge has the applicant had any history of involvement with drugs, alcohol or juvenile delinquency? No ____ Yes ____ If yes, please explain _____
9. What is your candid estimate of the candidate's moral character? _____

Please complete the form below. As with the above questions, you may wish to confer with colleagues to complete your evaluation.

	Unsatisfactory	Below Avg.	Average	Good	Excellent	Not Observed
Motivation						
Self-Discipline						
Growth Potential						
Leadership						
Personal Appearance						
Self-confidence						
Warmth of Personality						
Sense of Humor						
Concern for others						
Emotional Maturity						
Personal Initiative						
Reaction to Setbacks						
Respect for Authority						
Christian Character						
Support from Applicant's Parents/Guardian						

Additional Comments: _____

Date _____ **Signature** _____