

Applicant’s Name (First Last):_____

Atlanta Area Association of Independent Schools (AAAIS)
Confidential Extracurricular-Athletics Evaluation Form
Rising 6th through 12th Grades

Parent/Legal Guardian: Please fill out this section and deliver this form to your child’s extracurricular instructor. Include an addressed and stamped envelope to the school(s) where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Admissions Office.

Applicant’s Name: _____ Preferred Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Applying for Grade:_____

Applicant’s Current School:_____

To Parent/Legal Guardian: By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of the Atlanta Area Association of Independent Schools (AAAIS), you hereby release said member, its employees and representatives, the evaluator and the evaluator’s employer from any and all claims and liability that may arise from providing, obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and not become part of the student’s permanent academic record.

Signature of Parent or Legal Guardian _____ Date _____

Evaluator: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

Your name: _____ Email address: _____
How long have you been instructing? _____ years Phone number: _____
How long have you been instructing this applicant? _____ years In what areas have you instructed this applicant? _____
In what capacity? ☐ Private Instructor ☐ Organization Name of league/organization: _____

Please check the appropriate box in each category that best describes this applicant:

ATHLETIC ATTITUDE:	SUPERIOR	ABOVE AVERAGE	AVERAGE	ENJOYS PARTICIPATING	N/A
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hustle/Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATHLETIC ATTRIBUTES:	SUPERIOR	ABOVE AVERAGE	AVERAGE	ENJOYS PARTICIPATING	N/A
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endurance/Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Conditioning Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATHLETIC APPROACH:	SUPERIOR	ABOVE AVERAGE	AVERAGE	ENJOYS PARTICIPATING	N/A
Knowledge of Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to Improve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential to Improve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Longevity of Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are any relevant times or statistics for this athlete, please share them here: _____

Please describe this athlete's greatest strength(s): _____

Please describe the athlete's area(s) of greatest need: _____

Please tell us about yourself and your experience as a coach (*optional*): _____

Additional comments: _____

Evaluator's Signature (*please sign and print*)

Job Title

Date