Dear Counselor/Teacher:

[Person's name] has applied for a leadership position on the girlFriends Teen Leadership Board at Children’s Healthcare of Atlanta. Thank you for taking your valuable time to complete this evaluation. Your observations are an important part of this student’s application. Would you please comment on this student’s record in the following areas:

### Personal Qualities

**Attitude toward school**
- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

**Cooperation**
- [ ] Always cooperates
- [ ] Cooperates
- [ ] Sometimes cooperates
- [ ] Poor

**Emotional maturity**
- [ ] Very mature
- [ ] Age appropriate
- [ ] Usually immature
- [ ] Very immature

**Integrity**
- [ ] Highly trustworthy
- [ ] Trustworthy
- [ ] Usually trustworthy
- [ ] Rarely leads

**Leadership potential**
- [ ] Leader
- [ ] Can follow or lead
- [ ] Leads on occasion
- [ ] Rarely

**Reaction to criticism**
- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

**Responsible**
- [ ] Very responsible
- [ ] Usually responsible
- [ ] Sometimes
- [ ] Rarely

**Self confidence**
- [ ] Healthy self-image
- [ ] Needs some support
- [ ] Seems overconfident
- [ ] Poor self-image

**Self control**
- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

**Sense of humor**
- [ ] Highly developed
- [ ] Good
- [ ] Fair humor
- [ ] Poorly developed

**Warmth of personality**
- [ ] Always friendly
- [ ] Usually friendly
- [ ] Occasionally friendly
- [ ] Rarely friendly

**Ability to work independently**
- [ ] Consistently works well
- [ ] Needs help occasionally
- [ ] Needs help frequently
- [ ] Requires frequent redirection

### Work Skills

**Class participation**
- [ ] Joins in readily
- [ ] Contributes some
- [ ] Wants to dominate
- [ ] Rarely contributes

**Ability to work in a group**
- [ ] Always works well
- [ ] Needs some help
- [ ] Has difficulty
- [ ] Has great difficulty

**Ability to work independently**
- [ ] Consistently completes
- [ ] Usually completes
- [ ] Needs additional time
- [ ] Requires frequent redirection

**Completely assignments on time**
- [ ] Easily and accurately
- [ ] Usually
- [ ] Occasionally
- [ ] Requires additional time

**Follows directions**
- [ ] Actively engaged
- [ ] Attentive
- [ ] Variable attention
- [ ] Shows little respect

**Takes initiative**
- [ ] Consistently
- [ ] Sometimes
- [ ] Rarely
- [ ] Receives help

**Attention span**
- [ ] Actively engaged
- [ ] Attentive
- [ ] Variable attention
- [ ] Shows little respect

### Social Skills

**Peer relations**
- [ ] Role model
- [ ] Usually positive
- [ ] Occasional problems
- [ ] Relates poorly

**Relationships with adults**
- [ ] COURTEOUS
- [ ] Sometimes
- [ ] Usually considerate
- [ ] Rarely considerate

**Concern for others**
- [ ] Very considerate
- [ ] Considerate
- [ ] Usually considerate
- [ ] Rarely

**Attention toward school**
- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

Classroom conduct: Please comment on the student’s behavior/attitude:

________________________________________

Areas of greatest strengths and greatest needs:

________________________________________

Would you recommend this student for the GirlFriends Teen Board volunteer program?

________________________________________

Evaluator’s Name (please print): ___________________________ Phone: ___________________________
Evaluator’s Signature: ___________________________ Date: ___________________________ Title: ___________________________

Please complete this form and email it to Catherine.Mojcik@choa.org. Thank you!