



STUDENT'S BACKGROUND INFORMATION SHEET

INSTRUCTIONS

_____ has been asked to bring this form to his/her former school. The student's former advisory teacher or guidance counselor should complete this form and return it to the student (or the student's parents) in a sealed envelop (with signature across the seal flap). All information will be kept confidential. Thank you for your assistance.

Your name (former advisory teacher or guidance counselor)

Your school's name

Your job title

Your work phone number

1. Please assess the applicant on the following:

Self-confidence	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Intellectual ability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Class attendance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Oral communication	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Punctuality	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Maturity/responsibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
People skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Motivation/initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Leadership potential	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Emotional stability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

2. What do you consider to be the applicants' top three talents or strengths?

1. _____ 2. _____ 3. _____

3. What are the applicants' top three weaknesses where improvement is needed?

1. _____ 2. _____ 3. _____

4. Has the applicant had difficulties with any of the following?

Fighting	<input type="checkbox"/> Yes	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all	Drug abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Stealing	<input type="checkbox"/> Yes	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all	Learning difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Bullying others	<input type="checkbox"/> Yes	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all	Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Being bullied	<input type="checkbox"/> Yes	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all	Defiance	<input type="checkbox"/> Yes	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all

Your signature name

Date