

LETTER OF EVALUATION FOR CHILD (ages 6-12)

#2

THIS PORTION TO BE COMPLETED BY PARENT OF CHILD (Please print)

A. _____
 Child's Last name First Middle

B. This recommendation is from a (check one)
 Bible class teacher School teacher Family friend Other: _____

C. **Note: This form is not to be filled out by members of your immediate family.**

D. Under the United States Family Education Rights and Privacy Act of 1974, parents or guardians may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

1. I waive my right to examine this form. _____
 Parent or guardian sign Date

2. I do not waive my right to examine this form. _____
 Parent or guardian sign Date

The child named above is a member of a family that has applied for membership on a mission team. His or her parents are asking you to serve as a reference for the child. The purpose of this evaluation is to identify potential areas of strengths and concerns related to the child. Please feel free to offer additional comments in the section provided or on a separate page. Thank you for your participation in this important phase of this family's life.

How do you assess the child in the following categories?

	Unknown	Rarely	Some- times	Usually
Has difficulty concentrating on school work or other tasks requiring sustained attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts to new situations easily and quickly and with self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fails to finish work he or she starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obedient to parents and other authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often appears worried or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is polite and well mannered with peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Unknown	Rarely	Some- times	Usually
Can complete a series of responsibilities without prompting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often appears sad or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along well with his or her siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears to be well rested and well nourished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is liked and accepted by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to sit still for a reasonable period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is aggressive towards other children (hits, kicks, bites, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects and cares for other people's property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently interrupts or disturbs other children and/or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is frequently demanding often telling other children what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teases, provokes or calls other children names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulties with or refuses to participate in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally displays a cheerful and happy attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loses temper often or changes mood quickly (unpredictable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows emotional maturity appropriate for his or her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any recommendations, cautions, positive comments or other thoughts in the space below:

Type Your Name: _____ Signature: _____

Address: _____ City/State: _____ Country: _____

Email Address: _____ Cell phone: _____

After completing this form, please mail it to Great Cities Missions, 3939 Belt Line Rd, Suite 705, Addison, TX 75001 or

email it to Christy@greatcities.org