

Do you know if this child has ever received psychological counseling? If yes, please explain.

Do you know of any family problems that would affect this child's ability to function normally at school? _____

Do you know of any reason why this child should not attend Trinity Christian School? _____

Do you know another individual who could provide an objective evaluation of this child and family?

Please comment on any outstanding talents/achievements not covered by the above categories.

Additional comments and observations: _____

Thank you for your time in completing this confidential evaluation.

Respondent's Signature

Date