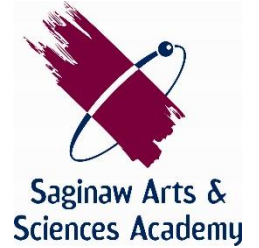


# Saginaw Arts & Sciences Academy

## APPLICANT EVALUATION CHECKLIST



To be completed **by the applicant's teacher** most closely connected to the area of study that the applicant wants to concentrate on as a SASA student. For example, if the student wants to concentrate in our math and science program, this form must be filled out by a math teacher and a second form must be filled out by a science teacher. For our Visual and Performing Arts programs, this form must be filled out by the student's art teacher and a second form by the student's language arts teacher.

**Student Name:** \_\_\_\_\_ **Current School:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**SASA Program Concentration:**    **1st Choice:** \_\_\_\_\_ **2nd Choice:** \_\_\_\_\_

### ABILITIES/CHARACTERISTICS

	Outstanding	Above Average	Average	Below Average	Poor
Thinking Ability (critical and creative)					
Intellectual Curiosity					
Independent Learner/Worker (self-motivated, needs limited supervision)					
High Achiever (sets personal goals and strives to achieve them)					
Ability to concentrate on an activity for extended period of time					
Study Habits					
Ability to readily comprehend abstract concepts/ideas					
Good short- and long-term memory skills					
Mastery of essential <b>reading</b> skills					
Mastery of essential <b>writing</b> skills					
Mastery of essential <b>math</b> skills					
Mastery of essential <b>science</b> skills					
Ability to transfer knowledge/skills to new learning					
Responsible (assignments complete, on time)					
Follows directions					
Organizational Skills					
Use of time					
Response to Criticism					
Preparedness for class					
Leadership Ability					
Self Confidence					
Maturity level in relationship to peers					
Citizenship (classroom conduct, integrity)					
Consideration for others (peers, staff)					
Emotional Stability					
Family Support					

CONFIDENTIAL

List applicant's co-curricular activities:

\_\_\_\_\_

\_\_\_\_\_

Relationship to student/subjects taught

Additional comments and support of specific chosen SASA program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher Signature

Date

**\*Please return this form to SASA. Mail to SASA, 1903 N. Niagara Street, Saginaw, MI 48602 or Fax to: 989-399-5515 or place in an envelope, seal and sign across the seal and give to applicant to return with his/her application. Please feel free to contact SASA at 989-399-5500 with any other information.**