



**4.12 Leadership Training Program
PARENT EVALUATION**

Name of Applicant: (Last) _____ (First) _____

Parent's name(s) _____ Home Phone (_____) _____

Mailing Address _____
Street/Box City State Zip

1. How do you think this program will benefit to your child?

2. List any brothers and sisters with their ages. How does the applicant relate to each sibling?

Name & Age	Quality of Relationship
_____	_____
_____	_____
_____	_____
_____	_____

3. What is your son's/daughter's usual emotional reaction to:

- a. interrupted plans or goals
- b. criticism
- c. success and praise
- d. lack of appreciation by others
- e. your request for involvement in family activities.
- f. participation in your church activities.
- g. requests from you. (How do they take instruction, suggestions and discipline from their parents?)

4. If your child has a problem, who would they tend to go to for: (circle one)

- | | |
|------------------|-------------------------|
| a. <u>Advice</u> | b. <u>Understanding</u> |
| Mom | Mom |
| Dad | Dad |
| friends | friends |
| relative, who? | relative, who? |
| other, who? | other, who? |

5. Please circle the response(s) which best describes your child.

a. Christian Testimony:

obscure
struggling
positive
genuine but lack of growth
profound and contagious
relatively superficial
genuine and growing
other _____

b. Adaptability:

tolerant of differences
critical of different ideas
adapts grudgingly
adapts readily
sensitive to God's leading
other _____

c. Emotional Stability:

excitable
well-balanced
high strung
exceptionally stable
easily frustrated
temperamental
other _____

d. Cooperation:

cooperative under pressure
works well with others
not cooperative
unteachable
other _____

e. In regard to Industry:

active
hard worker
follows through to completion
self-motivated
moderate
enough to pass
lazy
other _____

f. Mental:

learned _____ verses this year
remembers facts easily
forgetful
depends on others to remember their schedule
other _____

g. Physical Condition:

frequently incapacitated
below average
fairly healthy
healthy
robust and vigorous
needs lots of rest

h. If you wish to comment further on any of the above, please do so

6. Could you recommend your son/daughter to participate in 4.12 Leadership Training Program?
Why or why not?

Signed _____ Date _____

ALL INFORMATION GIVEN IS HELD IN CONFIDENCE.

Please complete and return to: Joy El Generation
4.12 LTP
3741 Joy EL Drive
Greencastle, PA 17225
717-369-4539