

Lead Changes Leadership Youth Camp Applicant Evaluation

Applicant: Complete your name and other contact information as well as sign statement A **OR** B (below) before giving this form to an evaluator.

Name of Applicant _____ Contact #: _____

Name of Evaluator: _____ Contact #: _____

Evaluator's Title or Occupation _____

Evaluator's Institution, Practice or Place of Business _____

Evaluator's Address _____
Street City State Zip

E-mail _____

TO THE APPLICANT:

Applicants who are admitted have the right, under the family educational rights and privacy act of 1974, to see written evaluations submitted on their behalf, unless they waive the right. Please indicate your choice by signing either statement A **OR** B. The signing of this waiver is voluntary and refusal to do so will not be factor in considering your application.

A. I hereby waive my right of access to the applicant evaluation provided by the evaluator named above.

Applicant's Signature Date

B. I do not waive my right of access to the applicant evaluation provided by the evaluator named above.

Applicant's Signature Date

Note: The evaluation should be completed by someone outside the immediate family, such as a teacher, coach, mentor, etc. Someone who spends quality time with the applicant.



TO THE EVALUATOR: The above-named applicant has requested that you evaluate him/her as a candidate for the professional curriculum of Lead Changes Horsemanship and Leadership Youth Camp. The information you provide will be used only in the admissions process. You may be contacted by a member of the admissions committee seeking additional information or verification. The candidate has indicated above whether or not he/she wishes to have access to this evaluation. Please return this completed evaluation to:

Scan and email to info@leadchanges.org

OR

Lead Changes

9789 Lonestar Road, Weatherford, TX 76088

This waiver is effective insofar as the recommendation is used solely for the purpose of admission. However, because of variation in State laws, this waiver may not be valued in every state nor can the confidentiality of this evaluation be guaranteed in every state.

1. How long have you known or observed the applicant? _____
2. In what capacity have you known or observed the applicant? _____
3. Please indicate your estimation of the candidate in each category by selecting the appropriate box. Please read selections from left to right (5=highest and 1=lowest).

Initiative/ Originality	5	4	3	2	1
Motivation (for becoming a leader)	5	4	3	2	1
Personal and social maturity	5	4	3	2	1
Dependability and reliability	5	4	3	2	1
Emotional stability	5	4	3	2	1
Leadership	5	4	3	2	1
Character and integrity	5	4	3	2	1

Applicant's Name _____

Evaluator's Name _____



Verbal/ Communication skills	5	4	3	2	1
Acceptance of feedback and instruction	5	4	3	2	1

4. Ability to handle horses if known (select one).

5	4	3	2	1
Exceptional	Above Average	Average	Below Average	N/A

5. What do you consider the applicant's major strength(s)?

6. What do you consider the applicant's major opportunity(ies)/areas for improvement and development?

7. Please describe the activities the applicant performed during the time you have known him/her.

8. In your opinion, what skill set does the applicant possess to succeed at the Lead Changes Horsemanship and Leadership Youth Camp? Please provide specific examples.

9. Do you think this applicant is truly motivated to return to his/her community as a leader? Please describe any interactions which have influenced your response.

10. Do you think this applicant has experience with or a desire to work with horses and why?

11. If you have any additional comments which may help the selections committee, please write them here.

EVALUATOR'S SIGNATURE _____ **DATE** _____

Applicant's Name _____ Evaluator's Name _____