



Please send this completed two-page form, along with a copy of the student’s academic record and standardized testing (Grades 6-8), to the schools noted in the student’s High School Placement test registration no later than **December 20, 2019**. INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL and not become part of the applicant’s permanent file.

Student’s Full Name

Current School

Home Address

Telephone Parent/Caregiver Alt. Telephone

Parish Parent/Caregiver Email

**STUDENT EVALUATION**

What three words would you use to describe this child?

Math textbook(s) used this year

**ACADEMIC ABILITY** Outstanding Above Average Average Below Average

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Verbal Ability |  |  |  |  |  |  |  |  |
| Mathematical Ability |  |  |  |  |  |  |  |  |
| Creative Ability |  |  |  |  |  |  |  |  |
| Intellectual Curiosity |  |  |  |  |  |  |  |  |
| Ability to Grasp New Concepts |  |  |  |  |  |  |  |  |

Please comment on the student’s academic strengths and areas of growth.

**CLASSROOM PERFORMANCE** Outstanding Above Average Average Below Average

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Classroom Achievement |  |  |  |  |  |  |  |  |
| Participation in Discussions |  |  |  |  |  |  |  |  |
| Writing Mechanics |  |  |  |  |  |  |  |  |
| Quality of Written Ideas |  |  |  |  |  |  |  |  |
| Oral Expression |  |  |  |  |  |  |  |  |
| Work Habits |  |  |  |  |  |  |  |  |
| Ability to Follow Directions |  |  |  |  |  |  |  |  |
| Preparation for Class |  |  |  |  |  |  |  |  |

Please comment on the student’s learning style, noting any discrepancies between academic ability and classroom performance.

**PERSONAL ABILITIES** Outstanding Above Average Average Below Average

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Maturity for Grade |  |  |  |  |  |  |  |  |
| Maturity for Age |  |  |  |  |  |  |  |  |
| Perseverance |  |  |  |  |  |  |  |  |
| Self-confidence |  |  |  |  |  |  |  |  |

Please comment on the student’s social and emotional development.

Student’s Name School

**SCHOOL BEHAVIOR** Outstanding Above Average Average Below Average

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Motivation |  |  |  |  |  |  |  |  |
| Ability to Work in a Group |  |  |  |  |  |  |  |  |
| Ability to Work Independently |  |  |  |  |  |  |  |  |
| Response to Suggestions |  |  |  |  |  |  |  |  |
| Willingness to Seek Help |  |  |  |  |  |  |  |  |
| Attention Span |  |  |  |  |  |  |  |  |
| Respect of Others |  |  |  |  |  |  |  |  |
| Conduct |  |  |  |  |  |  |  |  |

Please comment on any noteworthy aspect of the child’s school behavior.

**STUDENT EVALUATION**

Please provide any information about special academic needs.

Please note any special attributes of this student that would help us better understand him/her (e.g., community service; English as a second language; special talent in arts or athletics; etc.)

Are there any special family circumstances that may have impacted the student’s academic performance or behavior?

Please describe the parents’/caregivers’ involvement in the student’s education and/or school.

**PRINCIPAL’S RECOMMENDATION** (please check one)

□ One of the Top Students I Have Encountered □ Recommend Highly □ Recommend Confidently

□ Recommend □ Cannot Recommend □ Wish to provide more information

Name (please print)

Contact Telephone Email

Has the family met all financial obligations to the school? □ Yes □ No

Is there any information about this child that would better be communicated by telephone? □ Yes □ No

□ **Check here to have an Admissions Officer contact you directly**

Principal’s Signature Date of Signature