



CONFIDENTIAL STUDENT EVALUATION FORM

Child's name _____ Date of birth _____ Applying to grade _____
Last First Middle mm/dd/year

To the parent/guardian: Print the above information and sign the statement below. Give this form to your child's current or most recent teacher(s) with a stamped envelope addressed to Prince of Peace Catholic School.

For the child named above, I give permission for you to release the information on this form to Prince of Peace and understand that I will not have access to this confidential information. I permit my child's current school staff to speak with any inquiring admission staff. All communication between schools will remain confidential and I will not have access to the content of any conversation. I further agree to hold the school, administrator(s) and faculty named below harmless for information provided in this questionnaire.

Name of parent/guardian (please print) _____ Date _____

Signature of parent/guardian _____

To the teacher: Please use your professional judgment in answering the questions about the above-named student. Send the completed form to Prince of Peace Catholic School. We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence. Please be sure the parent/guardian has signed above.

Teacher name (please print) _____ Grade/subject taught _____

How long have you known this applicant? _____

Applicant's enrollment period at your school: Start Date _____ End Date _____
mm/dd/year mm/dd/year

In relation to other students of this age/grade, how much of your personal time and attention did you give this applicant?
 Significantly More More Average Less Significantly Less

Has the applicant ever been recommended for identified as needing:

	No	Yes	Year		No	Yes	Year
Psychological Testing	___	___	_____	Grade Retention	___	___	_____
Special Education	___	___	_____	Tutoring	___	___	_____

If yes, did the parents follow through? ___ Yes ___ No

What accommodations, if any, were made in your classroom for this applicant? _____

Classroom conduct/discipline: ___ Frequent disruptions ___ Occasional misconduct ___ Usually good conduct ___ Good conduct

Has the student ever been on a behavior contract? ___ Yes ___ No

For each item in the table below, please check the most developmentally age-appropriate description of this child.

Personal Characteristics	Did Not Observe	Needs Improvement	Noticeably Emerging	Age Appropriate Developing	Consistent	Advanced	Exceptional
Ability to work in a group							
Ability to work independently							
Intellectual curiosity							
Imagination							
Motivation/Effort							
Leadership potential							
Classroom conduct							
Self-confidence							
Respect for teachers							
Reaction to criticism							
Integrity/Trustworthiness							



PRINCE OF PEACE CATHOLIC SCHOOL

Personal Characteristics	Did Not Observe	Needs Improvement	Noticeably Emerging	Age Appropriate Developing	Consistent	Advanced	Exceptional
Persistence							
Relationship with peers							
Accepts responsibility for actions							
Uses language to problem solve							
Demonstrates self-control							
Consideration of others							
Maturity							
Sense of humor							
Seeks advice/help when needed							

For each item in the table below, please check the most developmentally age-appropriate description of this child.

Academic Performance	Did Not Observe	Needs Improvement	Noticeably Emerging	Age Appropriate Developing	Consistent	Advanced	Exceptional
Academic Ability							
Academic Performance							
Participation in discussions							
Ability to express ideas orally							
Ability to express ideas in writing							
Follows directions							
Prepared for class							
Attention span							
Use of class time							
Seeks help when needed							

Family Information	Did not observe	Rarely	Sometimes	Usually	Consistently
Has realistic expectations for their child					
Communicates openly with the school					
Cooperates with classroom teachers					
Follows through with school					
Cooperates with school administration					
Participates in school activities					
Is punctual with drop-off and pick-up					
Follows the rules and policies of the school					
Interested in child's progress					
Allows child to take responsibility for actions					

Additional comments/concerns _____

SPECIFIC RECOMMENDATION:

Highly recommended
 Recommended
 Recommended with reservations (please explain)
 Prefer not to make a recommendation (please explain)
 Not recommended (please explain)

Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional pages(s) if necessary.

Thank you for the time and effort you have taken in completing this evaluation. Your observations are an important part of the student's application.

Evaluator's Name (print): _____ Position: _____

Evaluator's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____