



St. Patrick School

CONFIDENTIAL STUDENT EVALUATION FORM GRADES 2-8

To the Parent/Guardian: Please complete the top portion of this form and give it to your child's current teacher(s) with a stamped envelope addressed to St. Patrick School.

Name of applicant: _____
Last First Middle

Present Date: _____ Applying for grade: _____ Date of Birth: _____
Month day year Month day year

I hereby give permission for you to release the information on this form concerning my child to St. Patrick School. I, the parent / guardian, understand that I will not have access to this confidential information.

Signature of child's parent / guardian: _____

To the Teacher: The above named child has applied for admission to St. Patrick School. To assist us, we ask you to complete and return this form to our school. This recommendation will remain confidential. We value your input and assure you that all information will be held in confidence.

What three words come to mind when describing this student?

1. _____ 2. _____ 3. _____

Please comment on the parent's support of their child's learning and their cooperation with the school:

Are there any special concerns about the child's attendance or promptness in arrival or departure?

Is this candidate currently on medication or previously been on medication?

Yes _____ No _____ Don't Know _____

Please rate this student compared to other students you have taught on the scale below as it relates to each category listed.

Personal Qualities	Above Average	Average	Needs Improvement
Work ethic			
Conduct			
Relationships with peers			
Relationships with adults			
Emotional maturity			
Self-confidence			
Honesty			
Sense of responsibility			

