



CALVARY ACADEMY

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Web: www.calvaryacademy.org

Confidential Student Evaluation

The parents of the student named below have requested that Calvary Academy consider their son/daughter for admission. The school admissions office would appreciate your prompt response to the information requested. Your assistance is essential in evaluating the applicant in relation to our academic program. Please complete the appropriate section and mail this form in the enclosed envelope.

Thank you for your assistance in helping us become better acquainted with this student.

Name of applicant: _____ Candidate for grade: _____

Student Evaluation for **Grades 1st – 5th**

Please check as appropriate	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Observed
Adjust readily to situations/people/changes in schedule						
Participates in discussions and class activities						
Receives and understands oral information						
Able to follow multiple directions						
Shows independence in work						
Works to potential						
Works neatly						
Uses time wisely						
Organized – orderly						
Shows self-control						
Shows respect						
Shows responsibility						
Obeys promptly						
Gets along well with others						
A productive member of cooperative activities						
Student has capacity to lead						
Student has capacity to follow						
Student is cooperative						
Student accepts correction						
Student writes at grade level						
Student reads at grade level						
Student know math on grade level						

I recommend this student academically: Yes No Questionable

I recommend this student's character: Yes No Questionable

Has this student been referred/tested for: *(check all that apply)*

- Learning disabilities
- Language processing
- Speech Therapy
- ADHD/ADD
- Emotional difficulties
- Other: _____

If yes please explain: _____

Have you considered referring this student for testing for: *(check all that apply)*

- Learning disabilities
- Language processing
- Speech Therapy
- ADHD/ADD
- Emotional difficulties
- Other: _____

If yes please explain: _____

Has the curriculum been modified or adjusted to suit the needs of the student? YES NO

Additional Comments: Please feel free to provide any information you feel will help us know better know how we can accept and/or help this student. Thank you for your time and cooperation.

Name of Teacher: _____ Position: _____

Name of School: _____

Address: _____

Signature: _____ Date: _____