



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 6th – 12th

Please check as appropriate	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Observed
Participates in classroom discussions						
Thinks through a process before acting						
Completes assignments on time						
Prepares neat and well-organized assignments						
Communicates ideas well						
Is attentive when others speak						
Has a positive attitude						
Is self-motivated						
Respects authority						
Exhibits emotional stability						

We would appreciate your observations in the following areas:

Leadership Positive leader A follower A negative leader

Cooperation Cooperative Cooperates occasionally Uncooperative

Dependability Dependable Occasionally dependable Undependable

Achievement Overachiever Consistent with ability Below ability

Conduct Well mannered Adequate behavior Misbehavior

Obedience Obeys Varies Disobeys

Circle the words that best describe this student:

- | | | | |
|------------|---------------|---------------|---------------|
| Aggressive | Anxious | Articulate | Assertive |
| Cheerful | Confident | Conscientious | Helpful |
| Honest | Irritable | Manipulative | Motivated |
| Passive | Perfectionist | Responsible | Self-centered |
| Shy | Social | Well-liked | Well-rounded |

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

- | | | |
|---|--|--------------------------------------|
| <input type="radio"/> Learning disabilities | <input type="radio"/> Language processing | <input type="radio"/> Speech Therapy |
| <input type="radio"/> ADHD/ADD | <input type="radio"/> Emotional difficulties | <input type="radio"/> Other: _____ |

If yes please explain: _____

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

- | | | |
|---|--|--------------------------------------|
| <input type="radio"/> Learning disabilities | <input type="radio"/> Language processing | <input type="radio"/> Speech Therapy |
| <input type="radio"/> ADHD/ADD | <input type="radio"/> Emotional difficulties | <input type="radio"/> Other: _____ |

If yes please explain: _____

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

- | | | | |
|--|------------------------------|-----------------------------|---------------------------------------|
| I recommend this student academically: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Questionable |
| I recommend this student's character: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Questionable |

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: _____