

St. Michael's Day School
2140 Mission Avenue
Carmichael, Ca 95608
916-485-3418 phone
916-485-9084 fax

Student Evaluation Form for Grades 2 - 8

TO THE PARENT/GUARDIAN: Complete the top portion of this form and give it to your child's present school.

Name of Applicant: _____
Last first middle

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

I hereby give permission for you to release the information on this form concerning my child to St. Michael's Day School. To assist us in deciding if our program suits this child's educational needs, we ask you to complete and return this descriptive form to St. Michael's Day School. Please feel free to add additional comments where you see fit. We value your input, and assure you that all information will be held in confidence.

- | | | | | |
|--|--|---|--|--|
| 1. Academic potential | <input type="checkbox"/> limited | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding |
| 2. Academic achievement | <input type="checkbox"/> considerably below expectations | <input type="checkbox"/> as expected | <input type="checkbox"/> better than tests | <input type="checkbox"/> far above expectation |
| 3. Effort/Motivation | <input type="checkbox"/> limited | <input type="checkbox"/> sporadic | <input type="checkbox"/> usually good | <input type="checkbox"/> maximum |
| 4. Study habits | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> excellent |
| 5. Ability to work in groups | <input type="checkbox"/> has great difficulty | <input type="checkbox"/> sometimes has difficulty | <input type="checkbox"/> usually effective | <input type="checkbox"/> always works well |
| 6. Ability to work alone | <input type="checkbox"/> needs much help | <input type="checkbox"/> needs help frequently | <input type="checkbox"/> needs help occasionally | <input type="checkbox"/> always works well |
| 7. Curiosity | <input type="checkbox"/> little | <input type="checkbox"/> occasional | <input type="checkbox"/> consistent | <input type="checkbox"/> marked |
| 8. Ability to express ideas orally | <input type="checkbox"/> limited | <input type="checkbox"/> has some difficulty | <input type="checkbox"/> good | <input type="checkbox"/> exceptional |
| 9. Ability to express ideas in writing | <input type="checkbox"/> limited | <input type="checkbox"/> has some difficulty | <input type="checkbox"/> good | <input type="checkbox"/> exceptional |
| 10. Imagination | <input type="checkbox"/> little | <input type="checkbox"/> fair | <input type="checkbox"/> active | <input type="checkbox"/> highly developed |
| 11. Use of time | <input type="checkbox"/> uses poorly | <input type="checkbox"/> occasionally wastes | <input type="checkbox"/> usually uses well effectively | <input type="checkbox"/> always uses |
| 12. Follows directions | <input type="checkbox"/> rarely | <input type="checkbox"/> needs much explanation | <input type="checkbox"/> occasionally needs help | <input type="checkbox"/> quickly and effectively |
| 13. Seeks help when needed | <input type="checkbox"/> rarely | <input type="checkbox"/> occasionally | <input type="checkbox"/> usually | <input type="checkbox"/> always |
| 14. Attention span | <input type="checkbox"/> easily distracted | <input type="checkbox"/> occasionally distracted | <input type="checkbox"/> usually good | <input type="checkbox"/> exceptionally good |
| 15. Maturity in terms of age/grade | <input type="checkbox"/> very immature | <input type="checkbox"/> somewhat immature | <input type="checkbox"/> mature | <input type="checkbox"/> impressive |
| 16. Respect for others | <input type="checkbox"/> disrespectful | <input type="checkbox"/> usually respectful | <input type="checkbox"/> respectful | <input type="checkbox"/> highly respectful |

OVER

- | | | | | |
|------------------------------------|--|--|---|--|
| 17. Social interactions with peers | <input type="checkbox"/> relates poorly | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> excellent |
| 18. Reaction to criticism | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> excellent |
| 19. Leadership potential | <input type="checkbox"/> a follower | <input type="checkbox"/> leads when given responsibility | <input type="checkbox"/> seeks opportunities and uses them well | <input type="checkbox"/> a natural leader |
| 20. Initiative | <input type="checkbox"/> never initiates | <input type="checkbox"/> rarely shows initiative | <input type="checkbox"/> occasionally initiates | <input type="checkbox"/> often initiates |
| 21. Classroom conduct | <input type="checkbox"/> frequent disruptions | <input type="checkbox"/> occasional misconduct | <input type="checkbox"/> usually good behavior | <input type="checkbox"/> good conduct |
| 22. Sense of humor | <input type="checkbox"/> rarely laughs or smiles | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> delightful |
| 23. Self confidence | <input type="checkbox"/> needs much reassurance | <input type="checkbox"/> needs some support | <input type="checkbox"/> appears overly confident | <input type="checkbox"/> positive self-image |

Please describe the family's relationship with the faculty and administration.

Is there any additional information that could be better conveyed in a phone conversation? yes no

SPECIAL RECOMMENDATION:

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

Form completed by: _____

Position: _____
Please print

Subject(s) you taught applicant: _____

I have known the applicant for: _____

School: _____

School Phone: _____

Date: _____