

# Our Lady of the Assumption School

1320 Hearst Drive NE  
Atlanta, Georgia 30319  
404-364-1902 • 404-364-1914 (fax)



applying to

**Pre-Kindergarten thru 1<sup>st</sup> Grade**

**Student Evaluation Form**

Fill in the information in this section and submit the form to your child's classroom teacher.

Full Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**I give my permission to the above-named school to answer the questions on this form and send the information to Our Lady of the Assumption School, and I agree to hold the school, teacher and/or administrator below harmless for information provided in this questionnaire. I waive any right of access to information provided on this form.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Instructions for Teacher:** Your help is requested in supplying as much information below as possible. Please use your professional judgment in answering the questions about the above-named student. **The information you provide will be kept strictly confidential.**

Student's length of time in this school? \_\_\_\_\_ Class size: \_\_\_\_\_  full-day  half-day

Is student's attendance/tardy record satisfactory?  yes  no \_\_\_\_\_

**Maturity age level** (check one):  Advanced  Average  Young

**Reading Series:** \_\_\_\_\_ Level: \_\_\_\_\_ Is applicant reading? \_\_\_\_\_

Child's mastery level:  Excellent  Good  Average  Poor: \_\_\_\_\_

**Math Series:** \_\_\_\_\_ Level: \_\_\_\_\_

Please describe any concerns that may affect the applicant's progress (physical, emotional, social, learning, behavioral, language barriers, etc.) \_\_\_\_\_

Has the student been tested diagnostically by any special services personnel?  yes  no If yes, give results: \_\_\_\_\_

**Classroom conduct/discipline:**  Frequent disruptions  Occasional misconduct  Usually good conduct  Good conduct Comments: \_\_\_\_\_

What type of behavior management plan works best with this child? \_\_\_\_\_

How would you rate this family's support of the school? \_\_\_\_\_

Do the parents have a realistic picture of their child's ability?  Yes  Sometimes  No

How well have the applicant's parents cooperated with school policies and teacher recommendations? \_\_\_\_\_

(over)

Student Name: \_\_\_\_\_

In relation to other students, how much of your personal time and attention did this applicant require in order to succeed?  Significantly more  More  Average  Less  Significantly less

Is child potty-trained?  yes  no \_\_\_\_\_

Comment on the following areas with: **Usually** **Sometimes** **Seldom** **Never**

**Readiness\*:**

Understands school vocabulary (comprehension)	_____	_____	_____	_____
Retains information (memory)	_____	_____	_____	_____

**Work Habits:**

Listens attentively	_____	_____	_____	_____
Works independently	_____	_____	_____	_____
Works well in a group	_____	_____	_____	_____
Completes tasks	_____	_____	_____	_____
Follows directions	_____	_____	_____	_____

**Behavior:**

Shows generally positive attitude toward school	_____	_____	_____	_____
Able to cope with stress (frustration)	_____	_____	_____	_____
Able to wait his/her turn	_____	_____	_____	_____
Exhibits self-control	_____	_____	_____	_____
Cooperates	_____	_____	_____	_____
Tries hard	_____	_____	_____	_____

**Social:**

Has good relationship with peers	_____	_____	_____	_____
Is considerate of others	_____	_____	_____	_____
Shares willingly	_____	_____	_____	_____
Plays with others in cooperative play	_____	_____	_____	_____
Abides by rules	_____	_____	_____	_____
Can be part of group activity <i>without</i> adult assistance	_____	_____	_____	_____

**\*Please attach a copy of student's most recent progress report/developmental skills checklist.**

**I recommend this student to Our Lady of the Assumption School for:**

Academic Ability & Promise	<input type="checkbox"/> Not at All	<input type="checkbox"/> With reservation	<input type="checkbox"/> With confidence	<input type="checkbox"/> Enthusiastically
Overall	<input type="checkbox"/> Not at All	<input type="checkbox"/> With reservation	<input type="checkbox"/> With confidence	<input type="checkbox"/> Enthusiastically

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

Evaluator's Name (*print*): \_\_\_\_\_ Position: \_\_\_\_\_

**Evaluator's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Best time/day(s) to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_