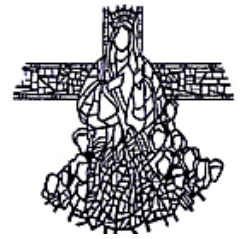


# Our Lady of the Assumption School

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



applying to  
**2<sup>nd</sup>** thru **5<sup>th</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. Keep in mind that Our Lady of the Assumption tries to provide for a variety of learning differences but is unable to offer remediation for significant learning needs of students. **The information you provide will be kept strictly confidential.**

Are you a Title I school:  yes  no Student's length of time in this school? \_\_\_\_\_

Grade/subject you teach: \_\_\_\_\_ Acquainted with applicant how long? \_\_\_\_\_

Class size: \_\_\_\_\_ Suggested grade placement for the coming school year: \_\_\_\_\_

Number of days absent during the school year: \_\_\_\_\_ Number of days tardy: \_\_\_\_\_

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

Has the student ever been recommended for or identified as needing:

	No	Yes	Year		No	Yes	Year
Psychological testing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Grade retention	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special education	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gifted program	<input type="checkbox"/>	<input type="checkbox"/>	_____				

If "yes", did the parents follow through?  yes  no \_\_\_\_\_

**Reading — Publisher, Book and Level:** \_\_\_\_\_

Student's mastery level:  Above grade level  At grade level  Below grade level

Comments on performance: \_\_\_\_\_

**Math — Publisher, Book and Level:** \_\_\_\_\_

Student's mastery level:  Excellent  Good  Average  Poor

Comments on performance: \_\_\_\_\_

What, if any, accommodations were made in your classroom for this student? \_\_\_\_\_

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

Has the student ever been suspended?  yes  no If yes, please explain: \_\_\_\_\_

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

In relation to others in the student's age group whom you have taught, please rate the applicant on:

	No opportunity to observe	Poor	Fair	Average	Good	Excellent	Superior
Ability to work with others	_____	_____	_____	_____	_____	_____	_____
Classroom participation	_____	_____	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____	_____	_____
Disciplined work habits	_____	_____	_____	_____	_____	_____	_____
Effort/determination	_____	_____	_____	_____	_____	_____	_____
Honesty/integrity	_____	_____	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____	_____	_____
Relationship to adults	_____	_____	_____	_____	_____	_____	_____
Self control	_____	_____	_____	_____	_____	_____	_____
Written expression	_____	_____	_____	_____	_____	_____	_____

Please comment on the student's

Attitude: \_\_\_\_\_  
\_\_\_\_\_

Work-Study habits: \_\_\_\_\_  
\_\_\_\_\_

Relationship with his/her peers: \_\_\_\_\_  
\_\_\_\_\_

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

Please comment on the parents' attitude toward the following:

	Excellent	Good	Satisfactory	Unsatisfactory
Interested in child's progress	_____	_____	_____	_____
Follows school policies/procedures	_____	_____	_____	_____
Accepts teacher suggestions	_____	_____	_____	_____
Allows child to take responsibility for actions	_____	_____	_____	_____
Communicates concerns in a timely manner	_____	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

Academic Ability & Promise  Not at All  With reservation  With confidence  Enthusiastically  
Overall  Not at All  With reservation  With confidence  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: \_\_\_\_\_