

Christ the Teacher Catholic School

CONFIDENTIAL REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE FOR GRADES 1 - 8

Please complete the top portion of this form and submit it to your child's current teacher with a stamped envelope addressed to: **Christ the Teacher Catholic School, 2451 Frazer Rd., Newark, DE, 19702. ATTN: Mrs. Short**

Name of Student _____ Current Grade _____

School Currently Attending _____

Address _____

City/State/Zip _____

Parents: Sign below giving permission for the teacher/counselor to complete this form and waive my rights to viewing it.

TO THE TEACHER OR COUNSELOR:

The student named above has applied for admission into the _____ grade at Christ the Teacher Catholic School for the _____ school year. Your help is requested in supplying as much of the information below as possible so that we can better meet the needs of this student. Thank you for the time and effort you have taken in completing this evaluation. Your recommendations are very important to the acceptance process.

Parent Signature: _____ Date _____

Length of time in this school _____ Satisfactory attendance record Yes No

Please rate the following areas with a check mark:

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
General Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Control (Gr. K-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity Age Level	<input type="checkbox"/> Early	<input type="checkbox"/> Average	<input type="checkbox"/> Advanced	

Most recent standardized testing: Date administered _____ Name of test _____

Reading National Percentile _____ Math National Percentile _____

Please grade the following academic areas:

	<i>Outstanding</i>	<i>Above Average</i>	<i>Satisfactory</i>	<i>Below Average</i>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English-Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonics (Gr. K-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

READING series and present reading level of student; comments;

MATH series and present math level of student; comments;

Please describe anything which affects the student's progress; comments;

Please comment on classroom conduct and discipline:

Please comment on: Behavior/Attitude, Work/Study Habits, and Peer Relationships:

Other comments:

Signature of Teacher/Counselor Date

School Telephone