



Student Profile

50 Harvey Place * Stratford CT 06615 * (203) 375-5994 * www.stjamesstratford.org

St. James School requests that a current teacher of the student complete this profile.

APPLICANT: _____ SCHOOL: _____

1. Please rate this student in the following areas by comparing him/her to other students you have taught at this grade level.

	Excellent	Above Avg.	Average	Below Avg.	Not Observed
Verbal Skills					
Written Skills					
Reading Comprehension					
Spelling Skills					
Math Computation					
Math Word Problems					
Respect to Adults					
Respect to Peers					
Motivation/Perseverance					
Response to Criticism					
Independence					
Organizational Skills					
Attentiveness					

2. a. Does this student have an IEP? _____Yes _____No
 b. Does this student have a 504 Plan? _____Yes _____No

If the answer to 2a or 2b is yes, please indicate the nature of this student's learning difficulties on the reverse side of this form.

3. Please write an appraisal of this student on the reverse side of this form.

4. Please forward this form to the address above.

Signature _____ Title _____ Date _____

To be completed by parent

I give permission for the release of my child's information to St. James School.

Signature: _____ Name: _____ Date: _____

