

Fifth through Eighth Grade: Academic and Personal Evaluation for: (Name of Applicant)

This evaluation form should be completed by a teacher who knows the applicant well.

Teacher: Please check the appropriate ratings. In some cases, more than one characteristic may apply.

Academic potential	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Academic achievement in comparison to potential	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Effort/motivation	<input type="checkbox"/> limited	<input type="checkbox"/> sporadic	<input type="checkbox"/> good	<input type="checkbox"/> maximum
Study habits	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Ability to work in a group	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Ability to work alone	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Oral participation	<input type="checkbox"/> rare	<input type="checkbox"/> domineering	<input type="checkbox"/> occasional	<input type="checkbox"/> maximum
Written expression/content	<input type="checkbox"/> poor	<input type="checkbox"/> limited	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Written expression/mechanics	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Reading skill interest	<input type="checkbox"/> minimal	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> exceptional
Demonstration of math skills	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Use of time	<input type="checkbox"/> poor	<input type="checkbox"/> occasionally wastes	<input type="checkbox"/> usually uses well	<input type="checkbox"/> always uses effectively
Follows directions	<input type="checkbox"/> rarely	<input type="checkbox"/> needs much explanation	<input type="checkbox"/> needs help	<input type="checkbox"/> quickly and effectively
Critical thinking	<input type="checkbox"/> limited	<input type="checkbox"/> consistent with age	<input type="checkbox"/> often perceptive	<input type="checkbox"/> exceptionally perceptive
Attention span	<input type="checkbox"/> easily distracted	<input type="checkbox"/> occasionally distracted	<input type="checkbox"/> usually good	<input type="checkbox"/> exceptionally good
Social adjustment with peers	<input type="checkbox"/> relates poorly	<input type="checkbox"/> occasional problems	<input type="checkbox"/> good relations	<input type="checkbox"/> extremely popular
Leadership potential	<input type="checkbox"/> a follower	<input type="checkbox"/> leads if given a chance	<input type="checkbox"/> natural leader	
Classroom conduct	<input type="checkbox"/> frequent disruptions	<input type="checkbox"/> occasional misconduct	<input type="checkbox"/> usually good	<input type="checkbox"/> truly outstanding
Fulfills responsibilities	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Parent cooperation	<input type="checkbox"/> unknown	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Attendance	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Punctuality	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding

I recommend this applicant for admission to SACRED HEART SCHOOL

	not recommended	without enthusiasm	fairly strongly	strongly	with enthusiasm
for academic promise:	_____	_____	_____	_____	_____
for personal promise:	_____	_____	_____	_____	_____
over-all recommendation:	_____	_____	_____	_____	_____

How long have you known this applicant? _____ In what capacity? _____

In what grade(s) and/or subject(s) have you taught her/him? _____ Name of School: _____

Is there any additional information which might influence the decision of the Admissions Committee? _____

Teacher's Signature: _____ Date: _____

School and phone number where you can be reached for consultation: _____

Thank you for your assistance in completing this checklist. *Please mail or fax this evaluation form to Sacred Heart School.*