STUDENT EVALUATION FORM (Grades 2-8)

SAINT JUDE THE APOSTLE CATHOLIC SCHOOL

TWICE RECOGNIZED NATIONAL BLUE RIBBON SCHOOL OF EXCELLENCE – 2014 AND 2003

Name of Applicant:	Applying to gra	ing to grade:			
(Name of referring school): _ permission to answer the que	stions below and mail to Saint	Jude the Apostle School	at the above address.	has my	
Signature(s) of Pare		Date			
*****	******	*****	*****	***	
	_	· ·	ne to complete this evalu ll information will be he		
Name of School:					
Address:			Phone number:		
City:			State:	_ Zip:	
Name of Principal:					
Student's length of time at the	is school: Class size:	Current grade: S	uggested grade placement for	next year:	
Has this student ever b	een recommended for o	r identified as needi	ng:		
 Psycho-Educational Testing IEP/504 Plan Special Education Gifted Program Grade Retention 		Yes No Yes No Yes No Yes No Yes No			
Personal Qualities					
Attitude toward school Cooperation Emotional Maturity Reaction to Criticism	OExcellent OExcellent OVery Mature OExcellent	○Good ○Good ○Age Appropriate ○Good	OFair OFair OSometimes Immature OFair	○Poor ○Poor ○Very Immature ○Poor	
Emotional Maturity Reaction to Criticism	OVery Mature OExcellent	○Age Appropriate ○Good	OSometimes Immature	OVery Immatu OPoor	

Critical, Abstract Thinking Intellectual Curiosity Organizational Skills Motivation Determination Creativity Academic Potential	OExcellent OExcellent OExcellent OExcellent OExcellent OExcellent OExcellent	OGood OGood OGood OGood OGood OGood	○Fair ○Fair ○Fair ○Fair ○Fair ○Fair	OPoor OPoor OPoor OPoor OPoor OPoor	ONo basis for judgment
English/Language Arts	Excellent		Above Average	Average	Poor/Limited
Reading Comprehension Written Expression – Gramma Written Express – Compositio Verbal Expression			O O O	O O O	O O O
Math	Excellent		Above Average	Average	Poor/Limited
Knowledge of basic skills Ability to grasp new concepts Analytical ability Application of skills Area in which applicant has	O O O O O O O O O O O O O O O O O O O	nathe:	O O O	O O O	O O O
med in which applicant has	the greatest stren				
Area in which applicant has	the greatest need	s:			
Has applicant ever been a re	cipient of a specia	al services p	orogram? (i.e. gifted,	learning, speech i	therapy, etc.)
Please describe the parental	support/involven	nent.			
Thank you for your evaluation	n of this applican	t. We greatly	appreciate your coo	peration.	
Evaluator's Name:				Phon	ne:
Evaluator's Signature:			Date:	Title:	
Principal's Signature:			Date:		
Dlagge mail the complete	ad farm ta				

Please mail the completed form to:

Academic Skills

Mrs. Aileen Leahey, Director of Enrollment Management Saint Jude the Apostle Catholic School 7171 Glenridge Drive, NE Atlanta, GA 30328

Or send via email to admissions@saintjude.net