

STUDENT EVALUATION FORM (Grades K-1)

SAINT JUDE THE APOSTLE CATHOLIC SCHOOL

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

Parent: Please complete and sign the top portion of this form and send form to your child's current school.

Name of Applicant: _____ Applying to grade: _____

(Name of referring school): _____ has my permission to answer the questions below and mail to Saint Jude the Apostle School at the above address.

Signature(s) of Parent/Guardian

Date

To: Classroom Teacher and Principal. Thank you for taking the time to complete this evaluation. Your observations are an important part of this student's application. All information will be held in confidence.

Name of School: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Name of Principal: _____

Applicant's length of time at this school: _____ Class Size: _____ Current grade: _____

Suggested grade placement for the upcoming year: _____

Maturity level: Young _____ Average _____ Above Average _____

1. Has this student ever been recommended for or identified as needing:

- | | | |
|------------------------------|---------|--------|
| • Psycho-educational Testing | Yes ___ | No ___ |
| • IEP/504 Plan | Yes ___ | No ___ |
| • Special Education | Yes ___ | No ___ |
| • Gifted Program | Yes ___ | No ___ |
| • Grade Retention | Yes ___ | No ___ |

If the answer was yes to any of the above, to what degree are parents cooperative? _____

2. Classroom conduct: Frequent disruptions _____ Occasional misconduct _____ Usually good conduct _____ Good Conduct _____

In relation to other students, how much of your attention does this student require in regard to classroom conduct?

Significantly more ___ More ___ Average ___ Less ___ Significantly less ___

3. In relation to other students, how much of your attention does this student require in order to succeed academically?

Significantly more ___ More ___ Average ___ Less ___ Significantly less ___

4. Please describe any difficulties (physical/motor, learning, emotional, social, and behavioral, or language barriers that affect this student's progress:

5. Grade these areas using the following criteria:

1). Outstanding 2). Above Average 3). Satisfactory 4). Below Average 5). Area of Concern

• **Student Behaviors**

_____ Attending behaviors in a large group _____ Interaction with peers
_____ Ability to adapt to change in routine _____ Reaction to new situations
_____ Shows appropriate conflict resolution with peers

• **Language**

_____ Receptive: Follows directions and explanations
_____ Expressive: Speaks in age appropriate manner (Vocabulary, syntax, grammar)

• **Reading Readiness**

_____ Phonological awareness: Recognizes rhymes and actively participates in activities that play with sounds.
_____ Phonics: Beginning awareness of sound-letter correspondence

• **Math Readiness**

_____ Awareness of quantitative concepts (able to use manipulatives to show knowledge of numbers)
_____ Sorts and classifies by two properties

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

7. What is the parents' attitude and degree of involvement? Please comment _____

8. How well have the parents cooperated with school policies and teacher's suggestions? Please comment. _____

Thank you for your cooperation.

Evaluator's Name (please print): _____ Phone: _____

Evaluator's Signature: _____ Date: _____ Title: _____

Principal's Signature: _____ Date: _____

Please mail the completed form to:

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

Questions? Contact Aileen Leahey at admissions@saintjude.net or 770-394-2880, Ext. 423