

Today's date: _____

Dear Teacher,

The student named below has applied for admission for the 2007-08 school year. In order to assist us in determining that this student can succeed in our program, we require an evaluation from the current teacher. The parent has been asked to sign the release of information below and to give you the form. The evaluation is confidential and its use will be limited to determine eligibility for admission and placement in our program.

A self-addressed envelope is provided for your convenience. Would you please return the evaluation to us as soon as possible? Thank you for your assistance.

Sincerely,

Eileen Cully
Principal

To: _____ at _____
Name of Teacher Name of School

I have applied to Holy Spirit School for my child,
_____, to enter grade _____ in 2007-08. I give you
permission to provide the information requested by the school in the evaluation
form that accompanies this letter. Thank you for your cooperation with this
request.

Signature of Parent

Evaluation of _____

Current grade _____

Grade applying for _____

Academic Subject Achievement Level	Below Grade Level	At Grade Level	Above Grade Level
Math			
Religion			
Language Arts			
Reading/Literature			
Writing			
Social Studies			
Science			
Study Skills	Below Average	Average	Very Good
Homework			
Use of class time			
Independent assignments			
Group work			
Social Skills	Below Average	Average	Very Good
Interaction with peers			
Interaction with adults			
Self-help			
Parental Support	Below Average	Average	Very Good
Maintains contact with teacher			
Supports teacher in attaining academic objectives			
Supports teacher in attaining behavioral objectives			
Supports school program			

Does this student have any physical, academic or emotional problems of which you are aware? If yes, please comment.

Yes No

Has this student been retained at any time?
If yes, what grade? _____

Yes No

Has this student received any special services or testing in the areas of speech, counseling, special education, ADHD, etc? If yes, please comment.

Yes No

Over, please

Please answer the following questions:	Yes	No
Is this student able to remain on task?		
Is this student focused in a small group?		
Does this student have a good self-concept?		
Does this student display acceptable behavior?		
Does this student have good visual recall?		
Does this student have good auditory recall?		

Your comments are appreciated.

May we contact you if we have questions or for additional information? Yes No

Signature _____

Position _____

School _____

Telephone _____