

Evaluation Narrative

I give my permission for _____ to complete this Evaluation for my child, _____ . I understand that this is meant to be a confidential document and upon completion, should be sent directly to Saint John the Baptist Catholic School, Attention: Admissions.

Signature of Parent/Guardian

Date

Student's Full Name		Name of School	
Class Level	Your Name	Title	Relationship to Student
I very strongly recommend	I recommend with confidence	I recommend with reservation	I do not recommend

Please respond to the criteria using the following rating scale.	Excellent	Superior	Average	Below Average	Poor
Academic achievement	1	2	3	4	5
Relationship with adults	1	2	3	4	5
Relationship with peers	1	2	3	4	5
Effort/Initiative toward learning	1	2	3	4	5
Study habits/ Time management	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Attention span	1	2	3	4	5
Commitment to schoolwork	1	2	3	4	5
Ability to follow instructions	1	2	3	4	5
Works well with groups	1	2	3	4	5
Works well independently	1	2	3	4	5
Ability to express ideas orally	1	2	3	4	5
Behavior	1	2	3	4	5
Leadership Ability	1	2	3	4	5
Attendance Record	1	2	3	4	5
Tardy Record	1	2	3	4	5
Parent Involvement	1	2	3	4	5

Additional comments or concerns:

Signature

Date