



SAINT MARY'S CATHOLIC SCHOOL

STUDENT EVALUATION FORM PRE-K, KINDERGARTEN & FIRST

To the Parent: Please complete this section and deliver this form to your child's teacher. The evaluator will mail this form directly to the Admissions Office, Saint Mary's Catholic School, 401 East 7th Street, Rome, GA 30161.

Student Name:	_____			Date of Birth:	_____	
Student is Called:	_____			Grade Applying:	_____	
Applicant's Current School:	_____			Phone:	_____	
School Address:	_____					
City:	_____	County:	_____	State:	_____	
Zip:	_____					
Signature of Parent/Legal Guardian:	_____				Date:	_____

Teacher: Thank you for taking your valuable time to complete this evaluation. Your assessment is an important part of this student's application. All information will be held in confidence.

Please check all terms that are characteristic of this applicant and comment if needed:

Social Development:	<input type="checkbox"/> Plays with others	<input type="checkbox"/> Initiates activity	<input type="checkbox"/> Exhibits independence	<input type="checkbox"/> Responds positively to correction
	<input type="checkbox"/> Shares	<input type="checkbox"/> Makes eye contact	<input type="checkbox"/> Follow rules	
	Comments: _____			
Emotional Development:	<input type="checkbox"/> Happy	<input type="checkbox"/> Confident	<input type="checkbox"/> Adaptable	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Controlled	<input type="checkbox"/> Receptive	<input type="checkbox"/> Hostile	<input type="checkbox"/> Angry
	<input type="checkbox"/> Even-tempered	<input type="checkbox"/> Nervous	<input type="checkbox"/> Aggressive	
	Comments: _____			
Work Habits:	<input type="checkbox"/> Works independently	<input type="checkbox"/> Focuses	<input type="checkbox"/> Completes tasks	
	<input type="checkbox"/> Works in a group	<input type="checkbox"/> Listens attentively	<input type="checkbox"/> Is persistent	
	<input type="checkbox"/> Follows directions	<input type="checkbox"/> Organizes	<input type="checkbox"/> Transitions easily	
	Comments: _____			
Non-Verbal Development:	<input type="checkbox"/> Recognition of patterns	<input type="checkbox"/> Attention to details	<input type="checkbox"/> Visual sequencing	<input type="checkbox"/> Left-right orientation/awareness
	<input type="checkbox"/> Interest in puzzles	<input type="checkbox"/> Spatial awareness	<input type="checkbox"/> Draws self portrait	
	Comments: _____			
Maturity Level:	<input type="checkbox"/> Young	<input type="checkbox"/> Average	<input type="checkbox"/> Advanced	
	Comments: _____			
Excessive Absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessive Tardiness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class Size: _____

Social/Emotional Development	Poor	Fair	Average	Good	Excellent
Interaction with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye contact when speaking to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language and Communication Skills	Poor	Fair	Average	Good	Excellent
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequences events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development	Poor	Fair	Average	Good	Excellent
Gross Motor <i>(balance, movement through space)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor <i>(hand-eye coordination, zips, buttons, stacks, cuts, hand dominance, pencil grip)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attitude Toward School	Poor	Fair	Average	Good	Excellent
Eager and curious about learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Has the child ever been referred for further evaluation; i.e., academic, learning, behavioral problems? Yes No

Please check those parental support terms that are typical:

Cooperative Follows through with suggestions

Appropriately interested in education Have realistic picture of child's ability

Please comment on degree and type of parental involvement: _____

In what capacity and how long have you known this child? _____ Title: _____

If need arises, may we contact you to discuss the applicant further? _____ Phone: _____

Name of person completing this form *(please print)*: _____

Signature of person completing this form; _____ Date: _____

Principal's Signature: _____ Date: _____



SAINT MARY'S CATHOLIC SCHOOL

STUDENT EVALUATION FORM GRADES 2 – 5

To the Parent: Please complete this section and deliver this form to your child's teacher. The evaluator will mail this form directly to the Admissions Office, Saint Mary's Catholic School, 401 East 7th Street, Rome GA 30161.

Student Name:	Date of Birth:		
Student is Called:	Grade Applying:		
Applicant's Current School:	Phone:		
School Address:			
City:	County:	State:	Zip:
Signature of Parent/Legal Guardian:			Date:

Evaluator: Please fill out the following. If you would like to provide additional information, please do so in the comments section.

How long and in what capacity have you know the applicant? Class size:

Academic Skills	Poor	Fair	Average	Good	Excellent
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Skills					
Class participation	<input type="checkbox"/> Joins in readily	<input type="checkbox"/> Contributes occasionally	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes	
Ability to work in a group	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Has difficulty	<input type="checkbox"/> Has great difficulty	
Ability to work independently	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs constant help	
Completes assignments on time	<input type="checkbox"/> Easily and accurately	<input type="checkbox"/> Usually completes	<input type="checkbox"/> Needs additional time	<input type="checkbox"/> Has difficulty	
Follows directions	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	
Takes initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Attention span	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires frequent redirection	

Social Skills					
Peer relations	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly	
Relationships with adults	<input type="checkbox"/> Courteous	<input type="checkbox"/> Usually positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Shows little respect	
Concern for others	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Usually considerate	<input type="checkbox"/> Rarely considerate	
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Displays appropriate conduct	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	

English/Language Arts	Poor	Fair	Average	Good	Excellent
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression – Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression – Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of English Textbooks/Publishers:					

Math	Poor	Fair	Average	Good	Excellent
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Math Textbooks/Publishers:					

Area in which the applicant has the greatest strengths:

Areas in which the applicant has the greatest needs:

Has the applicant ever been a recipient of a special services program? (i.e. gifted, learning disability resource center, speech therapy, etc.) Yes No *If yes, please explain:*

Describe ways the applicant contributes to your school community (*character, citizenship, leadership*):

How well have the applicant's parents cooperated with school policies and teacher recommendations?

Personal qualities				
Integrity	<input type="checkbox"/> Highly trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Usually Trustworthy	<input type="checkbox"/> Questionable
Personality	<input type="checkbox"/> Always friendly	<input type="checkbox"/> Usually friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly
Sense of humor	<input type="checkbox"/> Highly developed	<input type="checkbox"/> Good	<input type="checkbox"/> Fair humor	<input type="checkbox"/> Poorly Developed
Cooperation	<input type="checkbox"/> Always cooperates	<input type="checkbox"/> Cooperates	<input type="checkbox"/> Occasionally cooperates	<input type="checkbox"/> Poor cooperation
Citizenship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Self control	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Leadership potential	<input type="checkbox"/> Leader	<input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Rarely leads
Self confidence	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Seems overconfident	<input type="checkbox"/> Poor self-image
Reaction to criticism/setbacks	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Responsibility	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
Emotional maturity	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature

Comments:

Thank you for your time and evaluation of this applicant. May we contact you if we have any questions? Yes No

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

Evaluator's Signature: _____ Title: _____

Principal's Signature: _____ Date: _____



SAINT MARY'S CATHOLIC SCHOOL

STUDENT EVALUATION FORM MIDDLE SCHOOL GRADES 6 - 8

To the Parent: Please complete this section and deliver this form to your child's teacher. The evaluator will mail this form directly to the Admissions Office Saint Mary's Catholic School, 401 East 7th Street, Rome, GA 30161.

Student Name:	Date of Birth:		
Student is Called:	Grade Applying:		
Applicant's Current School:	Phone:		
School Address:			
City:	County:	State:	Zip:
Signature of Parent/Legal Guardian:			Date:

Evaluator: Please fill out the following. If you would like to provide additional information, please do so in the comments section.

How long and in what capacity have you know the applicant?	Class size:
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Academic Skills	Poor	Fair	Average	Good	Excellent
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

English/Language Arts	Poor	Fair	Average	Good	Excellent
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression – Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression – Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Names of English Textbooks/Publishers:					

Math	Poor	Fair	Average	Good	Excellent
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Names of Math Textbooks/Publishers:					

Work Skills

Class participation	<input type="checkbox"/> Joins in readily	<input type="checkbox"/> Contributes occasionally	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes
Ability to work in a group	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Has difficulty	<input type="checkbox"/> Has great difficulty
Ability to work independently	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs constant help
Completes assignments on time	<input type="checkbox"/> Easily and accurately	<input type="checkbox"/> Usually completes	<input type="checkbox"/> Needs additional time	<input type="checkbox"/> Has difficulty
Follows directions	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Takes initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attention span	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Required frequent redirection

Social Skills

Peer relations	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Relationships with adults	<input type="checkbox"/> Courteous	<input type="checkbox"/> Usually positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Shows little respect
Concern for others	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Usually considerate	<input type="checkbox"/> Rarely considerate
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Displays appropriate conduct	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely

Area in which the applicant has the greatest strengths:

Areas in which the applicant has the greatest needs:

Has the applicant ever been a recipient of a special services program? (i.e. gifted, learning disability resource center, speech therapy, etc.) Yes No *If yes, please explain:*

Describe ways the applicant contributes to your school community (*character, citizenship, leadership*):

How well have the applicant's parents cooperated with school policies and teacher recommendations?

Personal qualities

Integrity	<input type="checkbox"/> Highly trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Usually Trustworthy	<input type="checkbox"/> Questionable
Personality	<input type="checkbox"/> Always friendly	<input type="checkbox"/> Usually friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly
Sense of humor	<input type="checkbox"/> Highly developed	<input type="checkbox"/> Good	<input type="checkbox"/> Fair humor	<input type="checkbox"/> Poorly Developed
Cooperation	<input type="checkbox"/> Always cooperates	<input type="checkbox"/> Cooperates	<input type="checkbox"/> Occasionally cooperates	<input type="checkbox"/> Poor cooperation
Citizenship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Self control	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Leadership potential	<input type="checkbox"/> Leader	<input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Rarely leads
Self confidence	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Seems overconfident	<input type="checkbox"/> Poor self-image
Reaction to criticism/setbacks	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Responsibility	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
Emotional maturity	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature

Comments:

Thank you for your time and evaluation of this applicant. May we contact you if we have any questions? Yes No

Evaluator's Name (*please print*):

Phone:

Evaluator's Signature:

Title:

Principal's Signature:

Date:
