

STUDENT EVALUATION FORM

I give my permission for _____ to complete this Evaluation Form for my student, _____, and release all documents and transcripts to Saint Ann Catholic School.

Signature of Parent/Guardian

Date

STUDENTS FULL NAME		NAME OF SCHOOL	
CLASS LEVEL	YOUR NAME	TITLE	RELATIONSHIP TO STUDENT
<input type="checkbox"/> VERY STRONGLY RECOMMEND	<input type="checkbox"/> CONFIDENTLY RECOMMEND	<input type="checkbox"/> RECOMMEND WITH RESERVATION	<input type="checkbox"/> DO NOT RECOMMEND

Please respond to the criteria using the following rating scale.	Superior	Above Average	Average	Below Average	Poor
Academic achievement	1	2	3	4	5
Relationships with adults	1	2	3	4	5
Relationships 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 directions	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