



## Academic Evaluation

2. Math series and present level of child: \_\_\_\_\_ Level: \_\_\_\_\_

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3. Phonics series and present level of child: \_\_\_\_\_ Level: \_\_\_\_\_

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4. Please describe any disabilities (physical, emotional, mental, language barriers, family situations), which affect this student's progress: \_\_\_\_\_

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5. Classroom conduct (please comment): \_\_\_\_\_

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6. Please comment on behavior/attitude, work/study habits and peer relationships:

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Please mail directly to:

Admissions Office  
St. Michael School  
63 Liberty Street  
Pawcatuck, CT 06379

## Family Involvement

Please rate parental involvement in the following areas with: E (Excellent) G (Good)  
F (Fair) P (Poor)

\_\_\_\_ Volunteerism    \_\_\_\_ Cooperation    \_\_\_\_ Involvement in School Affairs

## Teacher Recommendation

Please select one of the following levels of recommendations:

Highly Recommend

Recommend

Recommend with Reservations because:

Do not Recommend because:

_____	_____
_____	_____
_____	_____

We would appreciate additional comments and observations concerning the strengths, weaknesses, health or special needs of this student. We welcome any other information, which you think would be helpful to differentiate this student among the other applicants.

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Teacher Name

Teacher Signature

Date