

## ST. MICHAEL SCHOOL

Established 1873

3

## Student Evaluation Form - Grades 1 - 5 Confidential

Student Information	
Full Name:	Date:
Current School:	
Amendment) guarantees that my child's academic party without my written waiver, I hereby waive the (current school) to release and discuss my child's reand that of my child to this teacher recommendation	Education Rights and Privacy Act of 1974 (the Buckley record will not be discussed with or disclosed to any third is right and authorizecords with St. Michael School. I waive my rights of access n. I ask that the teacher complete this evaluation and mail is and that I have a right to rescind or restrict this waiver in
Mother/Guardian Name M	other/Guardian Signature Date
Father/Guardian Name Fa	nther/Guardian Signature Date
To Teacher	
considered confidential. Your recommendations do	_
Teacher's Name  I have known this applicant for years.  1. Does the student have a satisfactory attendar  2. Does the student have a history of being tard	ce record? 🗆 Yes 🗅 No
_	onship with Peers 7 General Health ional Maturity 8 Motor Control ectual Development 9 Study Habits
Academic Evaluation  1. Reading series and present level of child:	Level:

## Academic Evaluation 2. Math series and present level of child: 3. Phonics series and present level of child: Level: 4. Please describe any disabilities (physical, emotional, mental, language barriers, family situations), which affect this student's progress: 5. Classroom conduct (please comment): \_\_\_\_\_ 6. Please comment on behavior/attitude, work/study habits and peer relationships: 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.



Please mail directly to:

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

Teacher Name