



ST. MICHAEL SCHOOL

Established 1873

3

Student Evaluation Form – Grades 6 - 8

Confidential

Student Information

Full Name: _____ Date: _____

Current School: _____ Grade applying: _____

Waiver

Buckley Waiver: I understand that the Family Education Rights and Privacy Act of 1974 (the Buckley Amendment) guarantees that my child's academic record will not be discussed with or disclosed to any third party without my written waiver, I hereby waive this right and authorize _____ (current school) to release and discuss my child's records with St. Michael School. I waive my rights of access and that of my child to this teacher recommendation. I ask that the teacher complete this evaluation and mail it directly to St. Michael School. I further understand that I have a right to rescind or restrict this waiver in writing at any time.

Mother/Guardian Name

Mother/Guardian Signature

Date

Father/Guardian Name

Father/Guardian Signature

Date

To Teacher

Thank you for the time and effort you have taken in completing this evaluation. All information will be considered confidential. Your recommendations do have a bearing on our decision.

Teacher's Name _____ Grade taught _____

I have known this applicant for _____ years.

1. Does the student have a satisfactory attendance record? Yes No
2. Does the student have a history of being tardy? Yes No

General Evaluation

Grade the following areas with: E (Excellent) G (Good) F (Fair) P (Poor)

- | | | |
|--|--------------------------------------|-----------------------------|
| 1. ___ Academics | 4. ___ Ability to Follow Directions | 7. ___ Academic Promise |
| 2. ___ Intellectual Curiosity | 5. ___ Ability to Work in Group | 8. ___ Academic Achievement |
| 3. ___ Ability to Express Ideas Orally | 6. ___ Ability to Work Independently | |

Maturity Age Level of Student: Advanced Average Below Average

Study Habits

Grade the following areas with: E (Excellent) G (Good) F (Fair) P (Poor)

- | | | |
|------------------------|--------------------------------------|-----------------------|
| 1. ___ Study Habits | 3. ___ Organization of Time and Work | 5. ___ Perseverance |
| 2. ___ Self-Motivation | 4. ___ Work Ethic | 6. ___ Attention Span |

Character Evaluation

Grade the following areas with: E (Excellent) G (Good) F (Fair) P (Poor)

- | | |
|--|--|
| 1. ___ Conduct | 7. ___ Self Confidence |
| 2. ___ Consideration of Others | 8. ___ Sense of Humor |
| 3. ___ Social Relationships with Peers | 9. ___ Integrity |
| 4. ___ Relationship with Adults | 10. ___ Sense of Responsibility |
| 5. ___ Leadership Ability | 11. ___ Participation in Extra-
Curricular Activities |
| 6. ___ Emotional Maturity | |

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:

- | | |
|---|--|
| <input type="checkbox"/> Highly Recommend | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with Reservations because: | <input type="checkbox"/> 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.

Teacher Name

Teacher Signature

Date



Please mail directly to:

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