

Submit one copy to applicant's current Language Arts teacher and one copy to applicant's current Math teacher.

**The teachers will forward this form to the OLACS admissions office.**

Full Name of Student: \_\_\_\_\_ Current Grade of Student: \_\_\_\_\_

Teacher Name (print): \_\_\_\_\_ School Name: \_\_\_\_\_

I give my permission to the above-named teacher to answer the questions on this form and send the information to Our Lady of the Assumption Catholic School. I agree to hold the school, teacher and/or administrator named below harmless for information provided in this questionnaire. I waive any right of access to information provided on this form.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS FOR TEACHER:** Please use your professional judgment in answering the questions about the above-named student.  
*The information you provide will be kept strictly confidential.*

Grade/Subject you teach \_\_\_\_\_ Class size \_\_\_\_\_ Teacher/student ratio \_\_\_\_\_ Virtual \_\_\_\_\_

Student's length of time in your class? \_\_\_\_\_ Number of days absent \_\_\_\_\_ Tardy \_\_\_\_\_

**Mark subject which you are evaluating**

**ENGLISH/LANGUAGE ARTS — Publisher, text and level:** \_\_\_\_\_

Student's mastery level:  Below grade level  At grade level  Above grade level

Reading Comprehension:  Below average  Average  Above average  Excellent

Written Expression-Grammar:  Below average  Average  Above average  Excellent

Written Expression-Composition:  Below average  Average  Above average  Excellent

Comments on performance: \_\_\_\_\_

**MATH — Publisher, text and level:** \_\_\_\_\_

Student's mastery level:  Below grade level  At grade level  Above grade level

Knowledge of Basic Skills:  Below average  Average  Above average  Excellent

Ability to grasp new concepts:  Below average  Average  Above average  Excellent

Analytical Ability:  Below average  Average  Above average  Excellent

Comments on performance: \_\_\_\_\_

**Maturity age level (check one):**  Young  Average  Advanced

**In relation to other students**, how much of your personal time and attention did this applicant require?

Significantly more  More  Average  Less  Significantly less

Is there a disparity between ability and performance?  Yes  No If yes, identify behaviors associated with disparity:

What, if any, accommodations were made in your classroom for this student? \_\_\_\_\_

Has the student ever been recommended for or identified as needing psychological testing, screening for OT or speech, grade retention, tutoring or a gifted program?  Yes  No If yes, please explain \_\_\_\_\_

If "yes", did the parents follow through?  Yes  No \_\_\_\_\_

**Classroom conduct:**  Frequent disruptions  Occasional misconduct  Usually good conduct  Good conduct Comments:

Has the student ever been on a behavior contract?  Yes  No Suspended?  Yes  No

If yes, please explain: \_\_\_\_\_

Student Name: \_\_\_\_\_

In relation to others in the student's age group whom you have taught, please rate the applicant on:

	Poor	Fair	Average	Good	Excellent	Superior
Ability to work with others	_____	_____	_____	_____	_____	_____
Attention span	_____	_____	_____	_____	_____	_____
Classroom participation	_____	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____	_____
Critical/abstract thinking skills	_____	_____	_____	_____	_____	_____
Disciplined work habits	_____	_____	_____	_____	_____	_____
Effort/determination	_____	_____	_____	_____	_____	_____
Honesty/integrity	_____	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____	_____
Oral language	_____	_____	_____	_____	_____	_____
Relationship to adults	_____	_____	_____	_____	_____	_____
Self-control	_____	_____	_____	_____	_____	_____

Please comment on the student's

Attitude/Work-study habits: \_\_\_\_\_

Relationship with his/her peers: \_\_\_\_\_

Areas of greatest strength: \_\_\_\_\_

Areas of greatest need: \_\_\_\_\_

Do the parents have a realistic picture of their child's ability?  No  Sometimes  Yes

Please comment on the parents' position toward the following:

	Unsatisfactory	Satisfactory	Good	Excellent
Interested in child's progress	_____	_____	_____	_____
Follows school policies/procedures	_____	_____	_____	_____
Accepts teacher suggestions	_____	_____	_____	_____
Allows child to take responsibility for actions	_____	_____	_____	_____
Communicates concerns in a timely manner	_____	_____	_____	_____
Comments: _____				

I recommend this student to Our Lady of the Assumption School for:

Academic Ability & Promise	<input type="checkbox"/> Not at all	<input type="checkbox"/> With reservation	<input type="checkbox"/> With confidence	<input type="checkbox"/> Enthusiastically
Overall	<input type="checkbox"/> Not at all	<input type="checkbox"/> With reservation	<input type="checkbox"/> With confidence	<input type="checkbox"/> Enthusiastically

Thank you for the time and effort you have taken in completing this evaluation. Your observations are an important part of this student's application.

Evaluator's Name (print): \_\_\_\_\_ Position: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best time/day(s) to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_