



ST. MICHAEL SCHOOL

Established 1873

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ST. MICHAEL
1873
S C H O O L

Student Evaluation Form - Grades 1 - 5

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. <input type="checkbox"/> General Attitude	4. <input type="checkbox"/> Relationship with Peers	7. <input type="checkbox"/> General Health
2. <input type="checkbox"/> Cooperation	5. <input type="checkbox"/> Emotional Maturity	8. <input type="checkbox"/> Motor Control
3. <input type="checkbox"/> Relationship with Teacher	6. <input type="checkbox"/> Intellectual Development	9. <input type="checkbox"/> Study Habits

Maturity Age Level of Student: Advanced Average Below Average

Academic Evaluation

1. Reading series and present level of child: _____ Level: _____

Academic Evaluation

2. Math series and present level of child: _____ Level: _____

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: _____



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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.

Teacher Name

Teacher Signature

Date