



Saint Pius Catholic School

Grades 1-7 Student Evaluation Form (1/3)

Date ___/___/___

TO BE FILLED OUT BY PARENT

Name of Applicant: _____
Last First Middle

Date of Birth: _____ Applying for grade: _____
Month Day Year

I hereby give permission to release the information on this form concerning my child, (named above) to Saint Pius Catholic School.

I, the parent, understand that I will not have access to this confidential information.

Parent's Signature

TO BE FILLED OUT BY STUDENT'S PRESENT SCHOOL AND MAILED BACK TO SAINT PIUS

The above named student has applied for admission to Saint Pius Catholic School. We would appreciate the student's current teacher to take a few minutes to complete this form and return it to the office of Saint Pius Catholic School either by email at office@stpiusschool.org or by mailing it directly to the school. Thank you!

Name of School: _____

School address: _____

School phone: _____

Student's current grade: _____ Current grade class size: _____

How long have you known this student? _____

(Page 2, please)



Saint Pius Catholic School

Grades 1-7 Student Evaluation Form (2/3)

Student's Name: _____ Grade: _____ Date: _____

Please reflect the student's progress by placing an "X" in the appropriate box.

Conduct	Excellent	Satisfactory	Needs Improvement
Demonstrates courteous behavior			
Displays cooperative attitude			
Works effectively in groups			
Respects authority			
Respects rights and feelings of others			
Respects property			
Accepts responsibility			
Demonstrates self-control			
Follows classroom/school rules			
Follows playground rules			

Effort/Work Habits	Excellent	Satisfactory	Needs Improvement
Seeks help appropriately			
Works to ability			
Works independently			
Completes tasks on time			
Demonstrates neatness			
Completes and returns homework			
Participates in class			
Brings needed materials to class			

Family Information	Excellent	Satisfactory	Needs Improvement
Is on time for drop off and pick up			
Follows the rules and policies of the school			
Follows through with school recommendations			
Participates in school activities			
Cooperates with school administration			
Cooperates with classroom teachers			
Has realistic expectations for their child			
Communicates openly with the school			



Saint Pius Catholic School

Grades 1-7 Student Evaluation Form (3/3)

Student's Name: _____ Grade: _____ Date: _____

Please share with us the student's strength's:

Please share with us the student's challenges:

Professional Educational Learning Assessment: Yes / No Date: _____
(please circle one)

Current accommodations/modifications to learning *(if any)*:

Specific Recommendation:

- Highly Recommend**
- Recommend**
- Recommend with reservations** *(please explain)*
- Prefer not to make a recommendation** *(please explain)*

Evaluation completed by: _____

Position: _____ Date: _____

Contact Phone: _____ Contact Email: _____

Thank you for taking time to assist us in our admission process.