

Confidential Teacher Evaluation

Saint James School

Third - Fifth Grade Applicant

Parents: Please complete the applicant information, sign below, and forward this document to your child's teacher. Thank you for your assistance.

I understand this evaluation is confidential. Information contained in the evaluation will be released only to the admissions committee of Saint James School.

Parent's Signature: _____

Name of Applicant: _____ Grade for which applying: _____

The student listed above is applying for admission to Saint James School in Montgomery, AL. This is a confidential recommendation. If you do not wish to complete this form but would be willing to discuss the student personally, please sign and list your home telephone number. The director of admissions or elementary principal will contact you. Please return the form in the enclosed envelope. If you have questions, please contact the admissions office at (334) 273-2992 or fax: (334) 279-3169.

Using the scale below, please evaluate this student in the following areas with 1 being poor and 5 being superior.

AREA	Poor				Superior
ACADEMIC ABILITY	1	2	3	4	5
WORK & STUDY HABITS	1	2	3	4	5
INTEGRITY	1	2	3	4	5
CONDUCT	1	2	3	4	5
MOTIVATION	1	2	3	4	5
ATTITUDE/COOPERATION	1	2	3	4	5
MATURITY	1	2	3	4	5
OVERALL RATING	1	2	3	4	5

Please list any abilities or deficiencies not covered above:

Does the applicant have any significant limitations (physical, emotional, social)? _____ yes _____ no Please explain: _____

Has the applicant ever been recommended for any of the following programs? _____ Learning Disabled _____ Vision impaired

_____ Hearing impaired _____ Speech therapy Did the child participate? _____ yes _____ no

Is applicant in good standing and eligible to return for the next grade level? _____ yes _____ no

Has the applicant ever been referred to an administrator for behavior resulting in suspension or expulsion? _____ yes _____ no

Please explain: _____

Date: _____ Signature: _____ Print Name: _____

School: _____ School Telephone with Area Code: _____

Address: _____ City: _____ State: _____ Zip: _____