



Student Evaluation Report

Student's Name:

Phone Number (_____)

Student's Address:

Number

street

city

zip

Dear _____,

The student named above is being considered for admission to Blessed Sacrament School. In order to have a congenial and workable group of children, it is important that we have your honest assessment of the student. We appreciate your time and help in completing this form, and request that this confidential evaluation be returned to us as soon as possible. **Please return to: Admissions, Blessed Sacrament School, 515 Hillcrest Avenue, Burlington, NC 27215**

I have known this student _____. (years/months)



Responsibility	Consistently responsible	Generally responsible	Infrequently responsible	Irresponsible
Works to potential	Consistently	Generally	Sporadically	Rarely
Cooperation	Consistently cooperative	Generally cooperative	Only when serves self	Decidedly uncooperative
Relationship with peers	Interacts easily with peers	Accepted as part of group	Difficulty in peer relations	Relates poorly with peers
Appropriate use of language	Always appropriate	Usually appropriate	Needs reminding	Frequently uses improper language
Leadership	Positive influence as a leader	Leader at times	Cooperative with leader	Negative influence as leader
Participation in group discussion	Always involved	Occasionally participates	Seldom participates	Needs developing
Integrity	Always reliable and trustworthy	Normally dependable	Sometimes undependable	Unreliable
Emotional stability	Generally calm	Occasionally loses control	Frequently loses control	Testing recommended
Motivation	Independent worker	Needs occasional reminding	Inconsistent Needs	Constant direction
Ability to work independently	Excellent	Good	Fair	Poor
Ability to follow directions	Excellent	Good	Fair	Poor
Attention span	Excellent	Good	Fair	Poor
Completes homework	Excellent	Good	Fair	Poor
Parent support and involvement	Great	Helpful, but needs direction	Usually unable to help	Lack of interest
Completes classwork	Excellent	Good	Fair	Poor

Please circle the most fitting response.



Please answer the following questions to the best of your ability.

If your school is tuition-based, was tuition paid on time?

Is the student participating in any special programs? If so, what are they?

Was counseling or other intervention recommended for this student? If so, what type and for what reason?

Is there any additional information you feel would be helpful? Please explain.

Instructor's Name: _____ Date:

School Name: _____ Contact Phone:

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