



SAINT MARY'S ACADEMY
 TRADITIONAL CATHOLIC SCHOOLS OF THE SOCIETY OF ST. PIUS X
 200 EAST MISSION STREET SAINT MARYS, KANSAS 66536
 PHONE 785-437-2471 • FAX 785-437-6597

**Confidential Evaluation
 For New Students Entering Grades 7-12**

Student Name _____ Entering Grade _____

This form should be filled out by a teacher (preferably a language arts teacher), school administrator, guidance counselor, or other adult familiar with the student. It can be completed by anyone who has taught the child over a period of time within the past two years. It *should not* be the priest already providing a student recommendation.

Name of evaluator

Title/Position

TO THE EVALUATOR: This information will be used to help determine whether or not this student is admitted to St. Mary's Academy. Please return this form to the Academy as soon as possible.

In what capacity have you known this student? _____

For how long have you known this student? _____

To your knowledge has this student been involved with drugs, alcohol, or juvenile delinquency?

- Yes No *If yes, explain fully on additional sheet*

Please check the box if the student has ever been Suspended Expelled

If yes, explain fully on additional sheet

To your knowledge, does this student have a history of behavioral problems? Yes No

If yes, please explain: _____

Does the student have a history of any learning disabilities? Yes No

If yes, please explain: _____

Academic Performance

Please check the appropriate box

	Truly Outstanding	Excellent	Good	Average	Below Average
Reading Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Work on Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Well with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Characteristics

Please check the appropriate box

	Truly Outstanding	Excellent	Good	Average	Below Average
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Support and Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall General Assessment:

Please give your candid overall assessment of this student and his family. Use additional paper if necessary.

Signature of person providing evaluation

Date

Printed name

Title