



# CATHEDRAL ACADEMY

## Confidential Student Evaluation Grades 6-12

### Instructions to the Parent:

Please ask one of your child's teachers to complete this form and return directly to Cathedral Academy.

Name of applicant \_\_\_\_\_ Candidate for grade \_\_\_\_\_

I/We hereby authorize release of requested information to complete the admissions process at CA.

I/We understand this becomes part of my student's application file.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### To the Teacher:

The student named above is a candidate for admission to Cathedral Academy. We would appreciate your completing this form and returning it directly to Cathedral Academy within one week.

Please check as appropriate	Excellent	Above Average	Average	Below Average	No Basis for Judgement
Participates in classroom discussions					
Asks pertinent questions					
Thinks through a process before acting					
Is attentive when others speak					
Completes assignments on time					
Prepares neat and well organized assignments					
Is interested in going beyond the lesson					
Works at a level consistent with ability					
Has a positive attitude					
Is self-motivated and purposeful					
Cooperates					
Exhibits leadership skills					
Gets along with peers					
Respects authority					
Exhibits emotional stability					
Demonstrates organization					
Presents original ideas well					
Is reliable and trustworthy					

Has the curriculum been adjusted or modified to suit the needs of the student? Yes \_\_\_\_ No \_\_\_\_

Additional comments: Please feel free to provide any information you feel will guide us. Thank you for your time and cooperation. Your evaluation will remain confidential.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_