

# EVALUATION FORM

I give my permission for \_\_\_\_\_ to complete this Evaluation Form for my student, \_\_\_\_\_, and release all documents and transcripts to Saint John the Evangelist Catholic School.

Students Full Name		Name of School	
Class level	Your name	Title	Relationship to Student
<input type="checkbox"/> Very strongly recommend	<input type="checkbox"/> Confidently recommend	<input type="checkbox"/> Recommend with reservation	<input type="checkbox"/> Do not recommend

Please respond to the criteria using the following rating	Excellent	Superior	Average	Below Average	Poor
Academic achievement	1	2	3	4	5
Relationships with adults	1	2	3	4	5
Effort / Initiative toward learning	1	2	3	4	5
Study habits / Time management	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Attention span	1	2	3	4	5
Commitment to schoolwork	1	2	3	4	5
Ability to follow directions	1	2	3	4	5
Works well with groups	1	2	3	4	5
Works well independently	1	2	3	4	5
Ability to express ideas orally	1	2	3	4	5
Behavior	1	2	3	4	5
Leadership ability	1	2	3	4	5
Attendance Record	1	2	3	4	5
Parent Involvement	1	2	3	4	5

**Additional comments or concerns**

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Signature

Date

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