

ST. ANTHONY SCHOOL STUDENT EVALUATION FORM

TOP SECTION TO BE COMPLETED BY PARENTS BEFORE GIVING TO CURRENT SCHOOL.

I give my permission for my student's current school _____ School to complete this evaluation form for my student, _____, and release all documents and transcripts to St. Anthony School. Additional comments may be written on the back of this form.

Signature of Parent/Guardian

Date

Current Class Level	Faculty Name	Title	Relationship to Student
<input type="radio"/> Very strongly recommend	<input type="radio"/> Confidently Recommend	<input type="radio"/> Recommend with reservation	<input type="radio"/> Do not recommend

Please respond to the criteria using the following rating scale					
(1) Excellent	(2) Superior	(3) Average	(4) Below Average	(5) Poor	
Academic achievement	1	2	3	4	5
Relationships with adults	1	2	3	4	5
Relationships with peers	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
Tardy Record	1	2	3	4	5
Parent Involvement	1	2	3	4	5

Signature of School Representative / Title

Date

Please send records to the address below.

St. Anthony School 3301 Glen Carlyn Road Falls Church, VA 22041

Email: office@corpuschristischool.org

703-820-7450 Fax 703-820-9635