



Holy Spirit Catholic School
 8802 Braddock Rd Annandale, Virginia 22003
 703.978.7117 FAX: 703.524.8670
lmartin@holyspiritflames.org

**PROSPECTIVE STUDENT
 EVALUATION FORM
 GRADES 2-8
 CONFIDENTIAL**

DATE: _____

PARENT/GUARDIAN:

Please complete Page 1 of this form and submit it to your child’s current school. **This form must be returned to Holy Spirit Catholic School directly from the current school (not to the parent).**

TO: _____
NAME OF SCHOOL PHONE NUMBER

ADDRESS

RE: _____
FULL NAME OF CHILD DATE OF BIRTH

_____ School has my permission to answer the following questions and return this information to Holy Spirit Catholic School at the address above or by fax.

SIGNATURE OF PARENT/GUARDIAN

PARENT/GUARDIAN PRINTED NAME

PHONE NUMBER

PARENT/GUARDIAN ADDRESS



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_____ has applied for admission to Holy Spirit Catholic School.
 NAME OF STUDENT

ADMINISTRATOR and/or TEACHER OF CURRENT SCHOOL:

What three words come to mind when describing the student:

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In the best interest of the child seeking admission to Holy Spirit Catholic School, please answer the following:

1. Length of time student attended your school: _____
2. Number of days absent during present school year: _____
3. Number of days tardy during present school year: _____
4. Grade placement for current academic year: _____
5. Suggested grade placement for upcoming school year: _____
6. Has the student ever been recommended for or identified as needing:
 - a. Special Education YES NO
 - b. Gifted Program YES NO
 - c. Grade Retention YES NO
 - d. Tutoring YES NO
 - e. ADD or ADHD Testing YES NO
 - f. Psychological/Educational Testing* YES NO

** Please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial: _____*

If the answer to any of the above is “yes” please comment:



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7. Please comment on the following areas:

SOCIAL DEVELOPMENT	Excellent	Good	Fair	Unsatisfactory	Provide Additional Detail
General Attitude					
Effort					
Relationship with Teacher					
Shows Initiative					
Completes Work on Time					
Respects Authority					
Cooperation					
Classroom Conduct					
Relationship with Peers					
Home Study Habits					
Takes Pride in Work					

8. Please comment on classroom and school behavior of the student, noting any behaviors that would be detrimental to the learning atmosphere of the classroom.

9. Is there a discipline record on file for this student? YES NO

10. Please describe any disabilities (physical, emotional, mental, language barriers, family situation) which might affect the student's progress.



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11. Please comment on the following areas:

ACADEMIC DEVELOPMENT	Outstanding	Satisfactory	Below Average	Poor (failing to make progress)	Provide Additional Detail
Ability					
Achievement					
Conduct					
English					
Math					
Reading					
Religion					
Respect for Others					
Spelling					
Study Habits					

FAMILY INVOLVEMENT	Consistently	Usually	Sometimes	Rarely	Provide Additional Detail
Realistic Expectations for Child					
Realistic Expectations for School					
Willing to Volunteer Time					
Cooperates with Teachers					
Participates in School Events					
Follows School Rules & Policies					

Please check one of the following:

I highly recommend

I recommend with reservation

I recommend

I do not recommend

 SIGNATURE OF PERSON COMPLETING FORM

 TITLE

 PRINTED NAME OF PERSON COMPLETING FORM

 DATE