



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 P K - 1st
 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, by fax, or by
 email.

 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

This form asks for your candid assessment of this student's social, physical, and academic development. Please feel free to offer additional comments on a separate piece of paper. Your recommendation will be kept confidential.

Please return directly to Holy Spirit Catholic School by mail, fax, or email.

What three words come to mind when describing the student:

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Please check the appropriate box:

PHYSICAL DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Gross Motor Coordination					
Awareness of Body in Space					
Balance of Movement					
Fine Motor Skill Development					
Pencil Grip					
Detail in Drawing					

SOCIAL DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Cooperation with Others					
Listens Attentively					
Follows Directions					
Ability to Separate from Parents					
Engages					
Ability to Take Turns					
Respect for Others' Property					
Follows Routines					
Transitions Between Activities					
Exhibits Independence					



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SOCIAL DEVELOPMENT cont'd	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Accepts Responsibility for Actions					
Interaction with Peers					
Attention Span					
Participation in Group Play					
Comfort Playing Alone					

ACADEMIC DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Willingness to Participate					
Vocabulary Development					
Number Recognition					
Ability to Listen to Directions					
Focus and Participation in Groups					
Curiosity in Learning					
Upper Case Letter Recognition					
Lower Case Letter Recognition					
Speech is Clear and Understandable					
Pursues Topics of Interest					

PERSONAL CHARACTERISTICS	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Self-care Skills (coat, bathroom)					
Confidence in Approaching New Situations and Skills					
Empathy for Others					
Sense of Humor					
Initiation of Conversation Topics					
Motivation					
Enjoyment in School					



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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					

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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What do you consider to be this student's greatest strengths?

In your judgement, what are the areas of greatest need for this student?

Please check one of the following:

- I highly recommend
 I recommend with reservation
 I recommend
 I do not recommend

If appropriate, please provide additional information about your recommendation on a separate piece of paper.

 SIGNATURE OF PERSON COMPLETING FORM

 TITLE

 PRINTED NAME OF PERSON COMPLETING FORM

 DATE

***Thank you for your cooperation and your time in completing this form.
 Please submit directly to Holy Spirit Catholic School by mail, fax, or email.***