

Student Evaluation Form:

Second through Eighth Grade



Student/School Information

Date: _____

Student's name: _____ Grade applying to: _____

I give _____ permission to answer the following questionnaire in regards to my child.
(Current School)

Parent's signature: _____

Name of school student is currently attending: _____ Phone: _____

Address: _____

Length of time at this school: _____

Student Evaluation

To be completed by principal or teacher. The student named above has applied for admission into the _____ grade at Canyon Heights Academy for the academic year _____. Your help is requested in supplying as much of the information below as possible so that we can better meet the needs of this student.

Does student have a satisfactory attendance record? Yes _____ No _____

Please grade the following areas with a check mark:

	Excellent	Good	Average	Poor
General attitude	_____	_____	_____	_____
Effort	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Relationship with teacher	_____	_____	_____	_____
Relationship with peers	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____
Intellectual development	_____	_____	_____	_____
General health	_____	_____	_____	_____
Motor control	_____	_____	_____	_____
Study habits	_____	_____	_____	_____

Check maturity age level of child.

Early _____ Average _____ Advanced _____

Reading: Series studied and present level of child. Please explain.

(Please complete other side)

Note: Parents, please submit this form to your child's current teacher with a stamped, addressed envelope.

Math: Series studied and present level of child. Please explain.

Phonics: Series (type of program) and present level of child. Please explain.

Describe any disabilities that affect this student's progress (physical, emotional, mental, language barriers or family situations).

Classroom conduct and discipline. Please comment.

Behavior/attitude, work/study habits, and peer relationships. Please comment.

Has the student ever been a recipient of a Special Services Program, e.g., a Learning Disability Resource Center, a Developmental Reading, English, or Math Program, or a Behavior Disorder Program?

Has the student ever been so advised to participate in such a program? Yes _____ No _____

Parent attitude and degree of involvement. Please comment.

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decisions. Please sign and send this completed form, transcript and school records to Canyon Heights Academy. **Please indicate the best date and time for us to contact the applicant's teacher to discuss this application.**

Signature of person completing report

Title

Signature of teacher

Date

Signature of principal

Date

Has this family completed all of their financial commitments? Yes _____ No _____

Best time to contact teacher. Date: _____ Time: _____ Phone number: _____