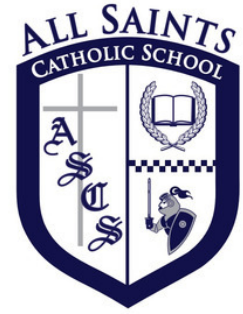


All Saints Catholic School

TEACHER EVALUATION FORM (1st -8th)

ENTERING GRADE



I give permission for this form to be completed and returned to All Saints Catholic School

Signature of Parent/Guardian Authorization

Student Name: _____ Grade: _____

School Currently Attending: _____

TO: PRINCIPAL or TEACHER

The above applicant has applied to All Saints Catholic School. The parents have given permission for your help in evaluation. Please be as candid as possible; the information is confidential. We thank you for your assistance.

<i>Please evaluate the following areas:</i>	EXCELLENT	GOOD	FAIR	UNSATISFACTORY
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application to Studies (effort)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Support of School Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any conditions (physical, emotional, language, family, etc.) of which the school should be aware of in dealing with this student. _____

Please email, mail, or fax this evaluation form to:

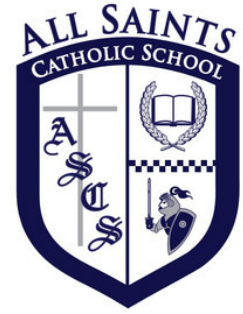
All Saints Catholic School
2006 N. Houston Street
Fort Worth, TX 76164

Phone: 817-624-2670
Fax: 817-624-1221
Email: admissions@ascsfw.org

All Saints Catholic School

TEACHER EVALUATION FORM (Kinder)

ENTERING GRADE



I give permission for this form to be completed and returned to All Saints Catholic School

Signature of Parent/Guardian Authorization

Student Name: _____ Grade: _____

School Currently Attending: _____

TO: PRINCIPAL, DIRECTOR, or TEACHER

The above applicant has applied to All Saints Catholic School. The parents have given permission for your help in evaluation their student's readiness for kindergarten. We would appreciate your input; the information is confidential. Please advise us of any relevant information concerning the child's pre-school progress (e.g. personal observations, specific strengths or weaknesses, notable accomplishments, etc.)

Please indicate by checking those areas where the child has demonstrated readiness.

- | | |
|---|---|
| <input type="checkbox"/> Language Readiness | <input type="checkbox"/> Play |
| <input type="checkbox"/> Reading Readiness | <input type="checkbox"/> Social & Emotional Development |
| <input type="checkbox"/> Writing Readiness | <input type="checkbox"/> Child/Adult Relationships |
| <input type="checkbox"/> Math Readiness | <input type="checkbox"/> Peer Relationships |

Do you feel this student is ready for Kindergarten?

- Recommend
- Recommend with reservations
- Do not recommend

Please describe any conditions (physical, emotional, language, family, etc.) of which the school should be aware of in dealing with this student. _____

Please email, mail, or fax this evaluation form to:

All Saints Catholic School
2006 N. Houston Street
Fort Worth, TX 76164

Phone: 817-624-2670
Fax: 817-624-1221
Email: admissions@ascsfw.org