

STUDENT ASSESSMENT FORM

Dear Teacher,

_____ has applied for admission to grade _____ at Queen of Apostles School. In order to properly place him/her, we would appreciate your assistance. All replies are confidential. Check the boxes which most closely reflect your opinions. (1 = Low, 5 = High)

	1	2	3	4	5	COMMENTS
Student is working at grade level.						
Student completes homework assignments on time.						
Student works well independently.						
Student practice self-control in the classroom.						
Student plays well with others.						
Parents support teacher in welfare of child.						

Has the student any physical, academic, or emotional problems of which you are aware? _____
Please explain. We welcome your additional comments: _____

Has the student been retained at anytime? _____ Grade? _____

Has the applicant received any special services in the area of speech, counseling, special education, etc?
Please comment: _____

Please send this form directly to Queen of Apostles School, 4950 Mitty Way, San Jose, CA 95129.
Thank you for your help with our application process.

Signature and Grade of Teacher

School

Date

Telephone Number