

# St. Margaret Mary Catholic School

## REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE

Please complete the top portion of this form and submit it to your child's teacher with a stamped envelope addressed to: St. Margaret Mary Catholic School, 142 E. Swoope Avenue, Winter Park, FL 32789.

Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

School Currently Attending \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### TO THE TEACHER OR COUNSELOR:

The student named above has applied for admission into the \_\_\_\_\_ grade at St. Margaret Mary Catholic School for the \_\_\_\_\_ school 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. Thank you for the time and effort you have taken in completing this evaluation. Your recommendations are very important to the acceptance process.

Length of time in this school \_\_\_\_\_ Satisfactory attendance record  Yes  No

Please grade the following areas with a check mark:

	Excellent	Good	Average	Poor
General Attitude.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teacher.....	<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"/>
Emotional Maturity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity Age Level.....	<input type="checkbox"/> Early	<input type="checkbox"/> Average	<input type="checkbox"/> Advanced	

Most recent standardized achievement testing:

Year administered \_\_\_\_\_ Name of test \_\_\_\_\_

Standardized test results.....

Please grade the following academic areas:

	Outstanding	Above Average	Satisfactory	Below Average	Failing
Reading.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

READING series and present reading level of student; comments;

MATH series and present math level of student; comments;

PLEASE describe any disabilities (physical, emotional, mental, language barrier, family situation, etc.) which affects the student's progress; comments;

PLEASE comment on classroom conduct and discipline:

PLEASE comment on: Behavior/Attitude, Work/Study Habits, and Peer Relationships:

Has the student ever been in a Special Services Program, ie., a Learning Disability Resource Center, a Developmental Reading, English or Math Program or a Behavior Disorder Program?

OTHER comments:

\_\_\_\_\_  
*Signature of Teacher/Counselor*

Date \_\_\_\_\_ School Telephone \_\_\_\_\_