

Holy Name Parish School

535 West Roxbury Parkway, West Roxbury, MA 02132
617-325-9338 FAX: 617-325-7885
www.holynameparish.com

Dear Principal,

The student named below is an applicant for admission at Holy Name Parish School. We would appreciate your cooperation with the following evaluation. Please do not return the completed form to the applicant. It will be kept in strict confidence. (Please print clearly).

Principals are asked to mail this form directly to Holy Name Parish School

Student's Name _____ Grade for admission _____

Name of present school _____ Telephone # _____

Address _____

Principal's Name _____

Teacher's Name _____

How long have you known the applicant? _____

What three words would you use to describe this student?

Does this student have any disciplinary problems?

If so, please explain.

Has this student been recommended for any type of testing for learning problems or attention difficulties? If so, please explain.

Has testing been done? YES () NO () If so, where? _____

(over please)

Is this student receiving any special educational services at this time? _____ If yes, what service is he/she receiving?

Are you aware of any special talents or abilities this student possesses?

Please answer the following questions by circling the most accurate description of this student.

1. Academic skills	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
2. Effort	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
3. Conduct	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
4. Attendance	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
5. Respect for others	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
6. Maturity	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT

Please rate this student in relation to other students in his/her age group.

_____ low _____ average _____ above average

Principal's Signature _____