



3700 Devine St.  
Columbia, SC 29206  
803-254-6736

Prospective Student  
Evaluation Form  
Grades 2-6<sup>th</sup>  
**CONFIDENTIAL**

**Date:** \_\_\_\_\_

**Parent/Guardian:**

Please complete Page 1 of this form and submit it to your child's current teacher. **This form must be returned to St. Joseph Catholic School directly from the current school (not to the parent).**

**TO:** \_\_\_\_\_  
*NAME OF SCHOOL* *PHONE NUMBER*

\_\_\_\_\_  
*ADDRESS*

**RE:** \_\_\_\_\_  
*FULL NAME OF CHILD* *DATE OF BIRTH*

\_\_\_\_\_ School has my permission to answer the following questions and return this information to St. Joseph Catholic School at the address above or by email at [pyang@stjosdevine.com](mailto:pyang@stjosdevine.com).

\_\_\_\_\_  
*SIGNATURE OF PARENT/GUARDIAN*

\_\_\_\_\_  
*PARENT/GUARDIAN PRINTED NAME*

\_\_\_\_\_  
*PHONE NUMBER*

\_\_\_\_\_  
*PARENT/GUARDIAN ADDRESS*



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\_\_\_\_\_ has applied for admission to St. Joseph Catholic School.  
*NAME OF STUDENT*

**ADMINISTRATOR and/or TEACHER OF CURRENT SCHOOL:**

What three words come to mind when describing the student:

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In the best interest of the child seeking admission to St. Joseph Catholic School, please answer the following:

1. Grade placement for current academic year: \_\_\_\_\_
2. Suggested grade placement for upcoming school year: \_\_\_\_\_
3. Has the student ever been recommended for or identified as needing:

a. Special education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Gifted program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Grade Retention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Tutoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. ADD or ADHD Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Psychological/Educational Testing *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. ESL program support	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\*Please provide plans or records of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed or ESL Eligibility.*

If the answer to any of the above is “yes” please comment below:

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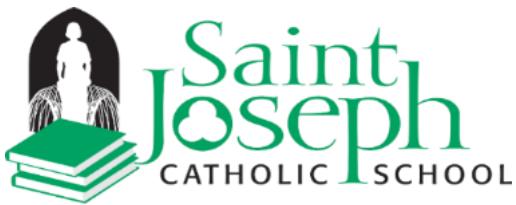
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4. Please comment on the following areas:

SOCIAL DEVELOPMENT	Advanced for age	Appropriate for age	Needs Improvement	Did not observe	Provide Additional Detail
General Attitude					
Effort					
Relationship with Teacher					
Shows Initiative					
Completes Work on Time					
Respects Authority					
Cooperation					
Classroom Conduct					
Relationships with Peers					
Study Habits					
Takes Pride in Work					



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5. Please comment on classroom and school behavior of the student, noting any behaviors that would be detrimental to the learning atmosphere of the classroom.

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6. Is there a discipline record on file for this student?  Yes  No

7. Please comment on the following areas:

ACADEMIC DEVELOPMENT	Outstanding	Satisfactory	Below Average	Poor (failing to make progress)	Provide Additional Detail
Ability					
Achievement					
Conduct					
English					
Math					
Reading					
Religion					
Spelling					
Respect for Others					



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8. Please describe any disabilities (physical, emotional, mental, language barriers, family situation) which might affect the student's progress.

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**Please check one of the following:**

**I highly recommend**

**I recommend with reservation**

**I recommend**

**I do not recommend**

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*SIGNATURE OF PERSON COMPLETING FORM*

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*TITLE & CONTACT INFORMATION*

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*PRINTED NAME OF PERSON COMPLETING FORM*

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*DATE*