



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

Prospective Student
Evaluation Form
Grades 2-6th
CONFIDENTIAL

Date: _____

Parent/Guardian:

Please complete Page 1 of this form and submit it to your child's current school. **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.

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 ☐ Yes ☐ No
 - b. Gifted program ☐ Yes ☐ No
 - c. Grade Retention ☐ Yes ☐ No
 - d. Tutoring ☐ Yes ☐ No
 - e. ADD or ADHD Testing ☐ Yes ☐ No
 - f. Psychological/Educational Testing * ☐ Yes ☐ No
 - g. ESL program support ☐ Yes ☐ 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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4. Please comment on the following areas:

SOCIAL DEVELOPMENT	Advanced for age	Appropriate for age	Needs Improvement	Did not observe	Provide Additional Detail
Cooperation with Others					
Listens Attentively					
Follows Directions					
Ability to Separate from Parents					
Engages					
Ability to Take Turns					
Respect for Others' Property					
Follows Routines					
Transitions Between Activity					
Exhibits Independence					
Interactions with Peers					
Attention Span					



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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.

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
Vocabulary Development					
Number recognition					
Upper case letter recognition					
Lower case letter recognition					
Ability to listen to directions					
Focus and Participates in groups					
Willingness to Participate					



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

Physical Development	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Gross Motor Coordination					
Awareness of Body in Space					
Fine Motor Skill Development					
Pencil Grip					
Details in Drawing					

Please check one of the following:

☐ I highly recommend

☐ I recommend with reservation

☐ I recommend

☐ I do not recommend

SIGNATURE OF PERSON COMPLETING FORM

TITLE & CONTACT INFORMATION

PRINTED NAME OF PERSON COMPLETING FORM

DATE