



**EVALUATION
For High School Admission**

**DEADLINE FOR SUBMISSION OF THIS FORM:
DECEMBER 16, 2011**

Name of Student

Send To: _____
Name of High School

Name of Elementary School (Jr. High) Now Attending

Date

PLEASE SEND THIS FORM DIRECTLY TO THE ABOVE-NAMED HIGH SCHOOL.

Dear Eighth-Grade Teacher/Counselor:

The above-named student has applied for admission to one of our Toledo-area Catholic high schools. To assist us in the process of reviewing your student's application, we ask you to please fill out the evaluation on the reverse side of this letter.

We want to point out that your evaluation of this student will be highly regarded. Because admittance to our schools is not based solely on the results of the High School Placement Test, we must ask you for further information. Specifically needed is information regarding the student's academic performance in grade school and your personal evaluation of this student. This information will assist us in interpreting the test scores for admission and placement in the program best suited for him/her.

We want you to be assured that this information will be used in the admittance process and will be kept confidential. This evaluation will be released only to the second-choice school in the event that the student is not accepted by the first-choice school. Parents have been apprised of this procedure and have signed a release for this information.

It is important for us that we receive your evaluation on or before the deadline so that we can process your student's application.

Certainly the information you provide us will complement that of the test scores and the information received from the parents and the student. We thank you for your time, effort and interest in completing this evaluation.

Sincerely yours,
Catholic Schools Office
Ph: (419) 244.6711 ext. 621

Cardinal Stritch Catholic High School
3225 Pickle Road
Oregon, OH 43616
(Tel. No.) 419-693-0465
Fax: 419-697-2816

St. Francis de Sales High School
2323 W. Bancroft
Toledo, OH 43607
(Tel. No.) 419-531-1618
Fax: 419-531-9740

Central Catholic High School
2550 Cherry Street
Toledo, OH 43608
(Tel. No.) 419-255-2280
Fax: 419-259-2848

St. John's Jesuit High School
5901 Airport Highway
Toledo, OH 43615
(Tel. No.) 419-865-5743 ext. 248
Fax: 419-861-5002

Notre Dame Academy
3535 Sylvania Avenue
Toledo, OH 43623
(Tel. No.) 419-475-9359, ext. 3119
Fax: 419-725-1262

St. Ursula Academy
4025 Indian Road
Toledo, OH 43606
(Tel. No.) 419-531-1693, ext. 209
Fax: 419-534-5777

Student's Name

Current School

School Phone Number

I. DISCIPLINARY EVALUATION

Has the student ever been expelled? Yes No If yes, explain below:

Has the student ever been suspended (in-school or out-of-school)?

During 7th grade ____ Yes ____ No # of days.

During 8th grade ____ Yes ____ No # of days.

Briefly indicate reasons for suspensions: (i.e., tardies, fighting, cheating, etc.)

II. ACADEMIC EVALUATION

Please indicate below your estimation of this student's performance in comparison to all students his / her age, not only those in his / her class but those he / she will most likely encounter in high school. (Please circle)

Reading Achievement:

SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

Mathematical Achievement:

SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

Oral English Achievement:

SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

Written English Achievement:

SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

Mental Ability:

SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

In my opinion, this student works: _____ above ability _____ at ability _____ below ability

Comments regarding circled information:

Public schools: Attach a copy of the most recent standardized test results (percentile scores, if possible).

Also attach a copy of the permanent record card/transcript. (Required)

Please list the student's most recent grade in:

(8th) Math _____ Algebra _____ English _____ Science _____
Social Studies _____ Foreign Language _____

III. SUMMARY INFORMATION

1. How long has the student been enrolled in your school? _____
2. Has the student's attendance during 7th and 8th grades been satisfactory? _____ YES _____ NO
Absences: 7th Grade:
Number of days _____ Excused _____ Unexcused _____ Times Tardy
Absences: 8th Grade:
Number of days _____ Excused _____ Unexcused _____ Times Tardy
3. List other schools attended by student Grade(s)
_____ Grade(s) _____
_____ Grade(s) _____
4. Has the student ever repeated a grade? _____ YES _____ NO If so, why?

5. Does the student have any significant health problems, or physical disabilities? _____ YES _____ NO
6. Does the student have a diagnosed learning disability? _____ Yes _____ No If so, does the student have an active IEP? _____ Yes _____ No
If the student has an active IEP or 504 Plan, a copy must be attached.
7. Are any type of educational accommodations made for this student? _____ YES _____ NO
8. For which type of program do you recommend this student?
_____ College Preparation _____ General Course
9. Are there specific concerns (disciplinary, academic, or otherwise) about this student that you would like to discuss by phone?
_____ Yes _____ No

Evaluator's Signature and Position

Date

To complete this application, you are asked to write your name on the enclosed form and give it to your eighth-grade teacher or counselor. Parent's signature below authorizes the release of disciplinary and academic information from the school that the student is currently attending to the Catholic high school of choice.

Applicant's Signature Date

Parent's Signature Date