

Catholic Schools



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EVALUATION FOR HIGH SCHOOL ADMISSION

2018 - 2019

Please Submit This Form to The High School Below Priority Due Date: Dec. 7, 2018

Parent(s)/Guardian(s):

Please complete the information below and sign. Your signature gives permission to release evaluation information to the high schools. Leave the rest of the form blank and return this to your student's eighth-grade teacher to complete.

Name of Student

Name of School Currently Attending

School's Phone Number

Requests Admission To: _____

Name of High School

Parent's Signature

Date

CARDINAL STRITCH HIGH SCHOOL

3225 Pickle Road
Oregon, Ohio 43616
Phone: 419.693.0465
Fax: 419.697.2816

ST. FRANCIS DE SALES SCHOOL

2323 W. Bancroft
Toledo, Ohio 43607
Phone: 419.531.1618
Fax: 419.531.9740

NOTRE DAME ACADEMY

3535 W. Sylvania Ave
Toledo, Ohio 43623
Phone: 419.475.9359 x 1269
Fax: 419.725.1262

CENTRAL CATHOLIC HIGH SCHOOL

2550 Cherry Street
Toledo, Ohio 43608
Phone: 419.255.2280
Fax: 419.259.2848

ST. JOHN'S JESUIT HIGH SCHOOL

5901 Airport Highway
Toledo, Ohio 43615
Phone: 419.865.5743
Fax: 419.861.5002

ST. URSULA ACADEMY

4025 Indian Road
Toledo, Ohio 43606
Phone: 419.531.1693
Fax: 419.534.5777

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 this student's application, we ask you to please fill out the evaluation contained in this document.

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 for information regarding the student's academic performance and your personal evaluation of this student. This information will assist us in the admissions process to ensure placement in the program best suited for him/her.

We want you to be assured that this information will be kept confidential. This evaluation will be released only to the second-choice school if the first-choice school does not accept the student. Parents have been apprised of this procedure and have signed a release (above) for this information.

It is important for us that we receive your evaluation on or before the Priority Due Date so that we can process your student's application. We thank you for your time, effort, and interest in completing this evaluation.

Sincerely yours in Christ,

Anthony J. Mass

High School Consultant

Catholic Schools Office

(419) 244.6711 ext. 4919

I. PERSONAL TRAITS

| <i>Characteristics</i> | <i>Outstanding</i> | <i>Above Average</i> | <i>Average</i> | <i>Below Average</i> | <i>Comments</i> |
|------------------------------|--------------------|--------------------------|----------------|--------------------------|-----------------|
| <i>Curiosity</i> | | | | | |
| <i>Dependability</i> | | | | | |
| <i>Integrity</i> | | | | | |
| <i>Leadership</i> | | | | | |
| <i>Maturity</i> | | | | | |
| <i>Reaction to Adversity</i> | | | | | |
| <i>Respect for Others</i> | | | | | |
| <i>Risk Taker</i> | | | | | |
| <i>Self-Confidence</i> | | | | | |
| <i>Self-Motivation</i> | | | | | |

II. PERSONAL HABITS

| <i>Skill</i> | <i>Outstanding</i> | <i>Above Average</i> | <i>Average</i> | <i>Below Average</i> | <i>Comments</i> |
|-------------------------------------|--------------------|----------------------|----------------|----------------------|-----------------|
| <i>Ability to follow directions</i> | | | | | |
| <i>Collaboration</i> | | | | | |
| <i>Completion of assignments</i> | | | | | |
| <i>Disciplined work habits</i> | | | | | |
| <i>Persistence</i> | | | | | |

III. BEHAVIOR/HEALTH EVALUATION

1. Has the student ever been expelled or suspended (in or out-of-school) from school? Yes No
 If yes, explain:

2. Does the student have any significant health problems or physical disabilities? Yes No
 If yes, what:

Attendance

| <i>Grade</i> | <i>Excused</i> | <i>Unexcused</i> | <i>Times Tardy</i> | <i>Comments</i> |
|-----------------------------|----------------|------------------|--------------------|-----------------|
| <i>7th Grade</i> | | | | |
| <i>8th Grade</i> | | | | |

IV. CURRENT GRADES

| <i>Math</i> | <i>Algebra</i> | <i>English</i> | <i>Science</i> | <i>Social Studies</i> | <i>Foreign Language</i> |
|-------------|----------------|----------------|----------------|-----------------------|-------------------------|
| | | | | | |

V. ADDITIONAL ACADEMIC INFORMATION

1. Does this student have a diagnosed learning disability? Yes No
 If yes, please state the diagnosis: _____

2. Is any type of educational accommodation made for this student? Yes No
 If yes, please state the accommodations or attach copy. _____

3. Does the student have an IEP, 504 Plan, or MAP? If yes, please attach copy. Yes No

4. Please select courses that would best meet the academic needs of the student:
- AP/IB/Honors Courses:** Courses that are more challenging than other college prep courses. AP/IB courses are those in which students can earn college credit while in high school.
 - College Preparation Courses:** Courses that prepare students to pursue a college degree. The student has the ability to pursue a college diploma.
 - General Courses:** These courses are for students interested in preparation for a career which does not require a college degree.

VI. OVERALL EVALUATION

| | <i>Outstanding</i> | <i>Above Average</i> | <i>Average</i> | <i>Below Average</i> | <i>Comments</i> |
|--------------------------|--------------------|----------------------|----------------|----------------------|-----------------|
| <i>As a young person</i> | | | | | |
| <i>As a student</i> | | | | | |

1. Are there specific concerns (academic, disciplinary, or otherwise) that you would like to discuss by phone? Yes No

2. How long has the student been enrolled at your school? _____

Name of Evaluator: _____ Contact Number: _____

Signature of Evaluator: _____

Position: _____ Date: _____

Please send the following documents directly to the high school indicated by the parent.

- Completed Evaluation Form
- Standardized Test Results
- Copy of Permanent Record Card/Transcript
- MAP/IEP/504 Accommodations, when applicable