



Confidential School Report

FOR APPLICANTS TO GRADE 2 AND ABOVE

Student's Name _____ Gender M F

Nickname (if applicable) _____ Date of Birth _____

Parent's Name(s) _____

Applying for Grade _____

Present School _____ Phone _____

Address _____

Report submitted by _____ Date of this report _____

Email Address _____

How long have you known this student? _____

What subjects/grade levels have you taught this student? _____

Have you known this student in any capacity outside of the classroom (if yes, please describe)? _____

What are the first words that come to mind to describe this student? _____

Please check to indicate your evaluation of this student in each category, adjusting the check mark placement to the left or right of a section to indicate gradations in your evaluation.

COMMENTS

	<input type="checkbox"/> is very responsible	<input type="checkbox"/> is usually responsible	<input type="checkbox"/> is sometimes responsible	<input type="checkbox"/> is rarely responsible	
SENSE OF RESPONSIBILITY	<input type="checkbox"/> is very considerate	<input type="checkbox"/> is usually considerate	<input type="checkbox"/> is sometimes inconsiderate	<input type="checkbox"/> is unkind	
CONSIDERATION FOR OTHERS	<input type="checkbox"/> enjoys good relationships	<input type="checkbox"/> has satisfactory relationships	<input type="checkbox"/> has occasional problems	<input type="checkbox"/> relates poorly	
PEER RELATIONSHIPS	<input type="checkbox"/> exhibits excellent skills	<input type="checkbox"/> exhibits good skills	<input type="checkbox"/> exhibits average skills	<input type="checkbox"/> exhibits poor skills	
LEADERSHIP SKILLS	<input type="checkbox"/> is very mature	<input type="checkbox"/> is of average maturity	<input type="checkbox"/> is somewhat immature	<input type="checkbox"/> is very immature	
EMOTIONAL MATURITY	<input type="checkbox"/> has a healthy self-image	<input type="checkbox"/> needs some support	<input type="checkbox"/> seems overly confident	<input type="checkbox"/> has a poor self-image	
SELF-CONFIDENCE	<input type="checkbox"/> is highly developed	<input type="checkbox"/> is good	<input type="checkbox"/> is fair	<input type="checkbox"/> is poorly developed	
SENSE OF HUMOR	<input type="checkbox"/> exhibits good control	<input type="checkbox"/> usually exhibits good control	<input type="checkbox"/> misbehaves occasionally	<input type="checkbox"/> is disruptive frequently	
SELF-CONTROL	<input type="checkbox"/> is comfortable	<input type="checkbox"/> is uneasy	<input type="checkbox"/> is dependent	<input type="checkbox"/> is uncooperative	
RELATIONSHIPS WITH ADULTS					

	Excellent	Good	Fair	Poor	COMMENTS
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organization of time and work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reads for pleasure Frequently Occasionally Seldom

Work is in the Upper third of the class Middle third of the class Lower third of the class

In what subject areas does this student show particular strength?

In what, if any, subject areas has this student needed special support or help?

Has this student displayed any notable interests or talents?

Please comment on this student's creativity:

Are there any concerns about attendance or promptness?

Please characterize the family's cooperation and involvement:

Please use the space below to offer any additional comments:

Name _____ Title _____

Signature _____ Date _____