



Saint Gabriel Catholic School

5503 Bardstown Road Louisville, KY 40291
Phone 502.239.5535 | Fax 502.231.1464



Child's Name _____ Date of birth _____ Applying to grade _____

TEACHER EVALUATION REPORT for admission to Grades 1-8

To the parent/ guardian: As part of the admissions process for Saint Gabriel Catholic School, we request an evaluation from the applicant's current teacher. This form must be submitted in order to complete the application process. Please fill in and sign the top part of this form and then give it to your child's teacher along with a stamped return envelope. All evaluations are confidential and must be mailed directly to us from the school.

For the child named above, I give permission for you to release the information on this form to Saint Gabriel School and understand that I will not have access to this confidential information. In addition, I permit my child's current school staff to speak with any inquiring admission staff. All communication between schools will remain confidential and I will not have access to the content of any conversation.

Name of parent/ guardian (please print) _____ Date _____

Signature of parent/ guardian _____

To the Teacher: It is very important to all of us that this child's next school placement be the most appropriate one for both the student and his/ her family. We very much appreciate you taking the time to give us an evaluation of this student's emotional, social, and academic readiness for our program. Your observations will be held in the strictest confidence and do not become part of a student's permanent record. Thank you very much for your assistance.

How long have you known this child? ____ years ____ months

What three words come to mind when describing this child?
_____ / _____ / _____

For each item in the table below, please check the most developmentally age-appropriate description of this child.

Personal Characteristics	Needs Improvement	Emerging	Noticeably Developing	Age-Appropriate Consistent	Advanced
Motivation/ effort					
Ability to work in a group					
Ability to work independently					
Class conduct					
Respect for teachers					
Relationships with peers					
Demonstrates self-control					
Stays on task					
Maturity					
Seeks advice/ help when needed					

Comments _____

For each item in the table below, please check the most developmentally age-appropriate description of this child.

Academic Performance	Needs Improvement	Emerging	Noticeably Developing	Age-Appropriate Consistent	Advanced
Academic Performance					
Participation in discussions					
Ability to express ideas orally					
Ability to express ideas in writing					
Follows directions					
Prepared for class					
Uses time wisely					
Seeks help when needed					

Comments _____

For each item in the table below, please check the most developmentally age-appropriate description of this child.

Family Information	Did Not Observe	Rarely	Sometimes	Usually	Consistently
Has realistic expectations for their child					
Communicates openly with the school					
Follows rules and policies					
Cooperates with teachers					
Follows through with school recommendations					
Participates in school activities					
Is punctual with drop-off and pick-up procedures					

Comments _____

Check here if any information pertaining to this child/ family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Form completed by (print name) _____ Position _____

Your signature _____ Date _____

School Name _____

School Phone: _____ Director/ Principal's Name: _____

Please return this form directly to:

Saint Gabriel Catholic School
 Attn: Admissions
 5503 Bardstown Road
 Louisville, KY 40291

Or fax to 502.231.1464