

DATE: _____

PARENT/GUARDIAN:

Please complete page one then submit all four pages of this document to your child's current school. **This form must be returned to OLGC Catholic School directly from the current school. (Not via the parent.)**

TO: _____
NAME OF SCHOOL CURRENTLY ATTENDING PHONE NUMBER

CURRENT SCHOOL'S ADDRESS

RE: _____
FULL NAME OF CHILD DATE OF BIRTH

NAME OF SCHOOL CURRENTLY ATTENDING

School has my permission to answer the following questions and return this information to OLGC Catholic School.

SIGNATURE OF PARENT/GUARDIAN

PARENT/GUARDIAN PRINTED NAME

PHONE NUMBER

PARENT/GUARDIAN ADDRESS

_____ has applied for admission to OLGC Catholic School.
NAME OF STUDENT Please return this document to admissions@olgcschool.org

This form asks for your candid assessment of this student's social, physical, and academic development. Your responses will be kept confidential. Please feel free to offer additional comments on a separate page.

ADMINISTRATOR and/or TEACHER OF CURRENT SCHOOL:

What three words come to mind when describing the student:

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Please answer the following:

1. Length of time student attended your school: _____
2. Number of days absent during present school year: _____
3. Number of days tardy during present school year: _____
4. Grade placement for current academic year: _____
5. Suggested grade placement for upcoming school year: _____
6. 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

** Please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial: _____*

If the answer to any of the above is "yes" please comment:

7. Please check the appropriate box:

SOCIAL DEVELOPMENT	Excellent	Good	Fair	Unsatisfactory	Provide Additional Detail
General Attitude					
Effort					
Relationship with Teachers					
Shows Initiative					
Completes Work on Time					
Respects Authority					
Cooperation					
Classroom Conduct					
Relationship with Peers					
Home Study Habits					
Takes Pride in Work					

8. Please comment on classroom and school behavior of the student, noting any behaviors that would be detrimental to the learning atmosphere of the classroom.

9. Is there a discipline record on file for this student? ☐ YES ☐ NO

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

11. Please comment on the following areas:

ACADEMIC DEVELOPMENT	Outstanding	Satisfactory	Below Average	Poor (failing to make progress)	Provide Additional Detail
Ability					
Achievement					
Conduct					
English					
Math					
Reading					
Religion					
Respect for Others					
Spelling					
Study Habits					

FAMILY INVOLVEMENT	Consistently	Usually	Sometimes	Rarely	Provide Additional Detail
Realistic Expectations for Child					
Realistic Expectations for School					
Willing to Volunteer Time					
Cooperates with Teachers					
Participates in School Events					
Follows School Rules & Policies					

As it relates to this student applying to OLGC Catholic School, 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

PRINTED NAME OF PERSON COMPLETING FORM

DATE