

Our Lady of Good Counsel Catholic School
8601 Wolftrap Road - Vienna, VA - 22182
703.938.3600 - admissions@olgcschool.org

PROSPECTIVE STUDENT

EVALUATION FORM

GRADES PK-1

CONFIDENTIAL

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

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NAME OF STUDENT _____ has applied for admission to OLGC Catholic School.
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: _____

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7. Please check the appropriate box:

PHYSICAL DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Gross Motor Coordination					
Awareness of Body in Space					
Balance of Movement					
Fine Motor Skill Development					
Pencil Grip					
Detail in Drawing					

SOCIAL DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Cooperation with Others					
Listens Attentively					
Follows Directions					
Ability to Separate from Parents					
Engages					
Ability to Take Turns					
Respect for Others' Property					
Follows Routines					
Transitions Between Activities					
Exhibits Independence					
Accepts Responsibility for Actions					
Interaction with Peers					
Attention Span					
Participation in Group Play					
Comfort Playing Alone					

ACADEMIC DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Willingness to Participate					
Vocabulary Development					
Number Recognition					
Ability to Listen to Directions					
Focus and Participation in Groups					
Curiosity in Learning					
Upper Case Letter Recognition					
Lower Case Letter Recognition					
Speech is Clear and Understandable					
Pursues Topics of Interest					

PERSONAL CHARACTERISTICS	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Self-care Skills (coat, bathroom)					
Confidence in Approaching New Situations and Skills					
Empathy for Others					
Sense of Humor					
Initiation of Conversation Topics					
Motivation					
Enjoyment in School					

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					

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What do you consider to be this student's greatest strengths?

In your judgment, what are the areas of greatest need for this student?

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