

IC Student Evaluation

_____ has my permission to complete this form,
 Current School Representative
 for my student _____ in grade _____, and to release all
 documents and transcripts to Immaculate Conception Catholic School.

 Signature of Parent/Guardian

 Date

Name of School		School Rep Name/Title	
<input type="checkbox"/> Very Strongly Recommend	<input type="checkbox"/> Confidently Recommend	<input type="checkbox"/> Recommend with Reservation	<input type="checkbox"/> Do Not Recommend

Please respond to the criteria using the following rating scale	Superior	Above Average	Average	Below Average	Poor
Academic achievement	1	2	3	4	5
Relationships with adults	1	2	3	4	5
Relationships with peers	1	2	3	4	5
Effort/Initiative to learning	1	2	3	4	5
Study habits/Time management	1	2	3	4	5
Attention span	1	2	3	4	5
Commitment to school work	1	2	3	4	5
Follows directions	1	2	3	4	5
Works well with groups	1	2	3	4	5
Works well independently	1	2	3	4	5
Ability to express ideas orally	1	2	3	4	5
Behavior	1	2	3	4	5
Attendance/Tardy Record	1	2	3	4	5
Parent Involvement	1	2	3	4	5

Please add any additional comments or concerns on the back.

 School Representative Signature

 Date

Thank you for your cooperation in filling out this form. Please email to info@icsnlr.org