

Evaluation and Record Release Form

I give permission for my child's current school, _____ to complete this form for my child, and release all standardized test results, transcripts, report cards from previous 2 years, discipline records, health records, and IEPs if applicable, to Saint Timothy Catholic School.

Student's Name

Date of Birth

Current Grade

Signature of Parent/Guardian

Date

Name of school representative completing form

Title, Relationship to Student

○ Very strongly recommend	○ Confidently recommend	○ Recommend with reservation	○ Do not recommend
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Please rate this student:	Superior	Excellent	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 toward learning	1	2	3	4	5
Study habits / Time management	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Attention span	1	2	3	4	5
Commitment to schoolwork	1	2	3	4	5
Ability to follow 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
Leadership ability	1	2	3	4	5
Attendance Record	1	2	3	4	5
Tardy Record	1	2	3	4	5
Parent Involvement	1	2	3	4	5

Thank you for providing additional comments or concerns on backside.

Signature

Date

Please return form to:

Saint Timothy Catholic School, 13809 Poplar Tree Road, Chantilly, VA 20151

Attention: Mrs. Irons, Registrar

Phone: (703) 378-6932 x202

FAX (703) 378-1273