



Parents, please submit this form to your child's current teacher
with a stamped envelope addressed to:

The Admissions Office
Holy Spirit Preparatory School
4449 Northside Drive NW
Atlanta, GA 30327

Student _____ Current Grade _____

School Currently Attending _____

Address _____

City/State/Zip _____

TO: PRINCIPAL, TEACHER, or COUNSELOR

The student named above has applied for admission into ____ grade at Holy Spirit Preparatory School for the academic year _____. Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student.

Length of time in this school: _____

Does student have a satisfactory attendance record? Yes No

Please evaluate the following areas with a check mark:

	Excellent	Good	Average	Poor
Displays Courteous/Positive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obeys Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Self Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects the Property of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens Attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works to Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reading Series and present level of child – please explain: _____

Math Series and present level of child – please explain: _____

Phonics Series (type of program) and present level of child – please explain: _____

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect this student’s progress. _____

Please list any area of academic advancement or special recognition awarded:

Classroom Conduct: Discipline – please comment: _____

Please comment on – Behavior/Attitude, Work/Study Habits, and Peer Relationships:

Has the student ever required any special program or other intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, English, Math or Other Program, or Behavior Modification?

Has the student ever been so advised to participate in such a program? Yes No

Parent involvement: Very Supportive Supportive Average Minimal Adversarial
Comments:

Additional helpful information:

*Thank you for the time and effort you have taken in completing this evaluation.
Your recommendations do have a bearing on our decisions.*

Signature of person completing report

Title

Telephone _____ Date _____