



STUDENT EVALUATION FORM

Student: _____ Current Grade: _____

School Currently Attending: _____

To **Principal** or **Teacher**

The student named above has applied for admission into the _____ grade at Sophia Academy for the academic year _____. Your help is requested in supplying as much of the 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 grade the following areas with a check mark.

	Excellent	Good	Average	Poor
General Attitude	_____	_____	_____	_____
Effort	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Relationship with Teachers	_____	_____	_____	_____
Relationship with Peers	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____
Intellectual Development	_____	_____	_____	_____
General Health	_____	_____	_____	_____
Motor Control	_____	_____	_____	_____
Study Habits	_____	_____	_____	_____

Maturity Level of Child _____ Early _____ Average _____ Advanced

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:

Has the student ever been a recipient of a Special Services Program, i.e., a Learning Disability Resource Center, a Developmental Reading/English/Math Program, or a Behavioral Disorder program?

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

Parent attitude and degree of involvement - please comment: _____

Has this family met their financial commitments? _____ Yes _____ No

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decisions. Please sign and send this completed form, transcript, and school records to Sophia Academy, 2880 Dresden Drive, Atlanta, GA 30341.

Please indicate the best date and time for us to contact the applicant's teacher to discuss this application.

Best time to contact teacher: Date _____ Time _____ Phone _____

Signature of Person Completing Report

Title

Signature of Teacher

Date

Signature of Principal

Date