



# ST. ANTHONY OF PADUA SCHOOL STUDENT EVALUATION FORM

Parents must complete this top section and sign before giving to student's current school.

I give my permission for my student's current school \_\_\_\_\_ School to complete this evaluation form for my student, \_\_\_\_\_, and release all documents and transcripts to St. Anthony School. Additional comments may be written on the back of this form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Current Class Level	Faculty Name	Title	Relationship to Student
<input type="radio"/> Very strongly recommend	<input type="radio"/> Confidently Recommend	<input type="radio"/> Recommend with reservation	<input type="radio"/> Do not recommend

Please respond to the criteria using the following rating scale

(1) Excellent      (2) Superior      (3) Average      (4) Below Average      (5) Poor

	(1) Excellent	(2) Superior	(3) Average	(4) Below Average	(5) 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

\_\_\_\_\_  
Signature of School Representative / Title

\_\_\_\_\_  
Date

**Please send records to the address below.**

St. Anthony School 3301 Glen Carlyn Road Falls Church, VA 22041

Email: [office@stanthonyschoolva.org](mailto:office@stanthonyschoolva.org)

703-820-7450 Fax 703-820-9635