

STUDENT EVALUATION FORM

I give my permission for _____ School to complete this Evaluation Form for my student, _____, and release all documents and transcripts to Corpus Christi School. Additional comments can be written on the back of this form.

Signature of Parent/Guardian

Date

Student's Full Name		Name of School	
Current Class level	Your 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.	Excellent	Superior	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

Signature of School Representative / Title

Date

Please send records to the campus circled below.

Elementary/Middle School Campus (Grades 1-8)
3301 Glen Carlyn Road
Falls Church, Virginia 22041
703-820-7450



Early Childhood Center Campus (Preschool-Kindergarten)
7506 St. Philips Court
Falls Church, Virginia 22042
703-573-4570

Email: info@corpuschristischool.org

Email: earlychildhoodcenter@corpuschristischool.org