



Evaluation For High School Admission

Please Submit This Form To The High School Below – Priority Due Date: Dec. 8, 2017

Parent(s) & Student:

Please complete the information below and sign. This gives permission to release evaluation information to the high schools. Then, leave the rest of the form blank and return this to your eighth grade teacher.

Name of Student

Name of Elementary School (Jr. High) Now Attending

Requests Admission To: _____
Name of High School

Student Applicant's Signature

Date

Parent's Signature

Date

Cardinal Stritch Catholic High School
3225 Pickle Road - Oregon 43616
(phone.) 419.693.0465 ext. 238
Fax: 419.697.2816

St. Francis de Sales School
2323 W. Bancroft - Toledo 43607
(phone) 419.214.5436
Fax: 419.531.9740

Central Catholic High School
2550 Cherry Street - Toledo 43608
(phone.) 419.255.2280 ext.1115
Fax: 419.259.2848

St. John's Jesuit High School
5901 Airport Highway - Toledo 43615
(phone) 419.720.0757
Fax: 419.861.5002

Notre Dame Academy
3535 Sylvania Avenue - Toledo 43623
(phone) 419.475.9359 ext. 1269
Fax: 419.725.1262

St. Ursula Academy
4025 Indian Road - Toledo 43606
(phone) 419.531.1693 ext. 209
Fax: 419.534.5777

Dear Eighth-Grade Teacher/Counselor:

The above-named student has applied for admission to one of our Toledo-area Catholic high schools. To assist us in the process of reviewing your student's application, we ask you to please fill out the evaluation contained in this document.

We want to point out that your evaluation of this student will be highly regarded. Because admittance to our schools is not based solely on the results of the High School Placement Test, we must ask you for further information. Specifically needed is information regarding the student's academic performance in grade school and your personal evaluation of this student. This information will assist us in interpreting the test scores for admission and placement in the program best suited for him/her.

We want you to be assured that this information will be used in the admittance process and will be kept confidential. This evaluation will be released only to the second-choice school in the event that the student is not accepted by the first-choice school. Parents have been apprised of this procedure and have signed a release(above) for this information.

It is important for us that we receive your evaluation on or before the Priority Due Date so that we can process your student's application.

Certainly the information you provide us will complement that of the test scores and the information received from the parents and the student. We thank you for your time, effort and interest in completing this evaluation.

Sincerely yours in Christ,

Anthony J. Mass

High School Consultant
Catholic Schools Office
(419) 244.6711 ext. 4919

Student's Name

Current School and Phone Number

I. Personal Traits

<i>Characteristics</i>	<i>Below</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>Exceptional</i>	<i>Comments</i>
<i>Self-Motivation</i>						
<i>Imagination</i>						
<i>Curiosity</i>						
<i>Independence</i>						
<i>Leadership</i>						
<i>Respect for Others</i>						
<i>Integrity</i>						
<i>Maturity</i>						
<i>Self-Confidence</i>						

<i>Dependability</i>						
<i>Reaction to Adversity</i>						
<i>Risk Taker</i>						

II. Personal Habits

<i>Skill</i>	<i>Below</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>Exceptional</i>	<i>Comments</i>
<i>Persistence</i>						
<i>Collaboration</i>						
<i>Ability to follow directions</i>						
<i>Completion of assignments</i>						
<i>Disciplined work habits</i>						

III. Attendance Evaluation

<i>Grade</i>	<i>Excused</i>	<i>Unexcused</i>	<i>Times Tardy</i>	<i>Comments</i>
<i>7th Grade</i>				
<i>8th Grade</i>				

IV. Current Grades

<u><i>Math</i></u>	<u><i>Algebra</i></u>	<u><i>English</i></u>	<u><i>Science</i></u>	<u><i>Soc. St.</i></u>	<u><i>Foreign Lang.</i></u>

V. General Evaluation

1. Has the student ever been expelled or suspended (in or out-of-school) from school? Yes No
 If yes, explain:

2. How long has student been enrolled at your school?

3. Does the student have any significant health problems or physical disabilities? Yes No

If yes, what:

4. Does the student have a diagnosed learning disability? Yes No

5. Does the student have an IEP or a 504 Plan? Yes No (If yes, a copy must be attached)

6. Are any type of educational accommodations made for this student? Yes No

If yes, what:

7. Are there specific concerns (disciplinary, academic, or otherwise) about this student that you would like to discuss by phone? Yes No

8. High school curricula offer both college preparatory programs for the student having ability to pursue a college diploma, as well as a general course of studies for those interested in preparation for a career which does not require a college degree. For which type of program do you recommend this student?

Honors _____ College Preparation _____ General Course _____

VI. Overall Evaluation

	<i>Below</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>Exceptional</i>	<i>Comments</i>
<i>As a young person</i>						
<i>As a student</i>						

Name of Evaluator: _____ Contact Number: _____

Signature of Evaluator: _____

Position: _____ Date: _____

Please include the following documents:

1. Catholic Schools attach a copy of the 7th grade MAP Test results and a copy of the permanent record card/transcript.
2. Public Schools attach a copy of the most recent standardized test results (percentile scores, if possible) and a copy of the permanent record card/transcript.