

Saint Veronica Catholic School

3460-B Centreville Road

Chantilly, VA 20151

Phone - 703-773-2020

mjsmith@stveronicaschool.org

Evaluation Narrative Form (Grades 1-8) 2024-2025 (Confidential)

PARENT/GUARDIAN: Please complete the top portion of this form and submit it to your child's current school to be completed by the current school year teacher. This form must be returned to us by the current school.

Date: _____

To: _____
Name of Current School School Telephone Number

Address City State Zip

Re: _____
Full Name of Child Date of Birth

This school has my permission to answer the following questions and return this form to St. Veronica Catholic School.

Parent/Guardian Signature Parent/Guardian Printed Name Home Telephone Number

Parent/Guardian Address City State Zip

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_____ has applied for admission to Saint Veronica Catholic School for the upcoming school year.
Name of Child

TEACHER OR ADMINISTRATOR OF CURRENT SCHOOL: In the best interest of the child seeking admission to Saint Veronica Catholic School, would you please answer the following:

- Length of time student has attended your school _____
- Number of days absent during present school year _____ Number of days tardy during present school year _____
- Grade placement for current academic year _____
- Suggested grade placement for upcoming school year _____
- Has the student ever been recommended for or identified as needing:
 - Psychological Testing Yes _____ No _____
 - Special Education Yes _____ No _____
 - Gifted Program Yes _____ No _____
 - Grade Retention Yes _____ No _____
 - Tutoring Yes _____ No _____
 - ADD or ADHD Testing Yes _____ No _____

If the answer to any of the above is yes, please comment:

**** SEE OTHER SIDE ****

6. Please comment on the following areas using the following criteria:

1 = Excellent

2 = Good

3 = Fair

4 = Unsatisfactory

General attitude _____
 Effort _____
 Relationship with teacher _____
 Respects authority _____
 Shows initiative _____
 Takes pride in work _____

Cooperation _____
 Classroom Conduct _____
 Relationship with peers _____
 Home study habits _____
 Completes assignments on time _____

7. Please comment on classroom and school behavior of the student, noting any behaviors which would be detrimental to the learning atmosphere of the classroom.

8. Is there a discipline record on file for this student? Yes _____ No _____

9. Please describe any disabilities (physical, emotional, mental, language barriers, family situation) which might affect the student's progress.

10. Please comment on the following areas using the following criteria:

1 = Outstanding

2 = Satisfactory

3 = Below average

4 = Poor (failing to make appropriate progress)

Religion _____	Respect for Others _____	English _____
Reading _____	Achievement _____	Study Habits _____
Math _____	Spelling _____	Homework _____
Conduct _____	Social Studies _____	Ability _____

11. Current reading series and student's reading level _____

12. In your dealings with the parents, what is their attitude toward their child's learning and study habits? Have they cooperated with school policies and teacher recommendations?

13. Based on your knowledge and experience with this student, would you recommend him/her for the academically challenging curriculum at Saint Veronica Catholic School? _____

Signature of Teacher/Administrator

Date

Printed Name of Teacher/Administrator

Title

Thank you for your cooperation and your time in completing this form.

SUBMIT TO St. Veronica Catholic School

mjsmith@stveronicaschool.org

after January 22, 2024