



ST. CATHERINE'S ACADEMY

OFFICE OF ADMISSIONS

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A Boys' Catholic School with a Military Tradition

2021 SUMMER ENRICHMENT PROGRAM TEACHER EVALUATION

Student's Complete Name: _____ Current Grade: _____

Name of Parent Completing this Form: _____ Signature: _____

Relationship to Student: _____ Phone Number: _____ Date: _____

Waiver of Access

By signing below, I/We give permission for the evaluator to release information to SCA. I/We understand that we will not have access to this form and or/ the admissions file before/ after the admissions decision is made. I/ We understand that this forms is confidential and will not be part of our son's permanent record. I/ We release every person and institution from any and all liability resulting or pertaining to the furnishing of records, documents, and other important provided to SCA for that purpose.

Father/Legal Guardian Signature Mother/ Legal Guardian Signature Today's Date

Dear Teacher: The above student is applying for admissions to St. Catherine's Academy Summer Enrichment Program . Please complete the front and back side of this form and send it directly to St. Catherine's Academy or you can hand it to the applicant's parent in a sealed envelope. Your candid evaluation about the applicant is appreciated. This evaluation form will be reviewed only by the Admissions Committee and will remain confidential. Thank you.

ACADEMIC QUALITIES

	Truly Outstanding	Above Average	Average	Below Average	Poor	No Basis for Judgement
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/ Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works to Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does This Student Need English as a Second Language Lessons? YES NO

Please complete the back of this form.

Please rank this student in comparison to the other students in your class.

Reading Comp. Top - Middle- Bottom	Current Gd. A B C D F	Composition Top - Middle- Bottom	Current Gd. A B C D F	Language Art Top - Middle- Bottom	Current Gd. A B C D F
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This Student is enrolled in	Math Basic	Pre-Algebra	Intro. To Algebra	Algebra 1	Other	Current Gd. A B C D F
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PERSONAL QUALITIES

	Truly Outstanding	Above Average	Average	Below Average	Poor	No Basis for Judgement
Honesty/ Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accordance by Staff/ Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher Recommendation:

Highly Recommend Recommend with Confidence Do Not Recommend

Please provide any additional insight about the applicant that will guide the Admissions Committee:

Has the student been diagnosed with:

- | | |
|-----------------------------------|---------------------------------------|
| Learning Differences | Behavioral Problems |
| Psychiatric/Psychosocial Problems | Visual Problems |
| Hearing Problems | Attention Deficit Disorder (ADD/ADHD) |
| Asperger's | Obsessive Compulsive Disorder (OCD) |
| Autism Spectrum Disorder (ASD) | Oppositional Defiant Disorder (ODD) |
| Emotional Difficulties | 504 Plan |
| Counseling | English as a Second Language |
| Special Education has (IEP) | Other: _____ |

Print Teacher's Name: _____ Name of School: _____

School Address: _____ School Phone: _____

Teacher's Signature: _____ Date: ____/____/____

Thank you for completing this recommendation.