



St. Catherine's Academy

215 N. HARBOR BLVD, ANAHEIM, CA 92805

714-772-1363 • 714-772-3004 FAX

ADMISSIONS@STCATHERINESACADEMY.ORG

Principal/Administrator Evaluation Form

FOR 1ST-8TH GRADE APPLICANTS

Dear Parents/Legal Guardians: Please complete the following sections including the *Waiver of Access* and take this form to the Principal or Administrator at your son's current school. The school will return this form directly to us or they can give it to you in a sealed envelope. Thank you.

STUDENT'S LAST NAME	STUDENT'S FIRST AND MIDDLE NAME	HOME PHONE #	CURRENT GRADE	GRADE APPLYING FOR
FATHER/ LEGAL GUARDIAN NAME	CELL PHONE #	MOTHER/LEGAL GUARDIAN NAME	CELL PHONE #	

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 form 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 information provided to SCA for that purpose.

Father's/Legal Guardian Signature

Mother/Legal Guardian Signature

Today's Date

SCHOOL SECTION

Dear Principal/Administrator: The above student is applying for admission to St. Catherine's Academy. Please complete the front and back side of this form and send it directly to St. Catherine's or you can hand it to the applicant's parents 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. It will not be part of the student's permanent record.

Please contact the admissions office at 714-772-1363 or by email: admissions@stcatherinesacademy.org should you have any questions regarding this form. Thank you for your time in completing this form.

NAME OF SCHOOL	ADDRESS	SCHOOL PHONE #
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Please circle the box in each category that best describes this student.

Students' overall academic ability	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>	Students' cooperation with teachers	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Never</i>
Students' general behavior in class	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>	Students' ability to get along with others	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
Student follows directions	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Never</i>	Students' emotional and social development	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>

Does this student need English as a Second Language Lessons? ____ YES ____ NO

Students are placed in this program if they do not meet the English proficiency level recommended for the grade they are in. Students enrolled are students with an F-1 Visa, US Citizens and US Legal Residents.

Please circle the box in each category that best describes the parents.

Parents' cooperation with school rules	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Never</i>
Parents' cooperation with teachers	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Never</i>
Parents' involvement in school functions	<i>All of the time</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Never</i>
Parents' expectations of their son and the your school	<i>Realistic</i>	<i>Unrealistic</i>	<i>No expectations</i>	<i>Unknown</i>
Parents' history of financial obligations	<i>Meets obligations as agreed</i>	<i>Meets obligations with difficulty</i>	<i>Fails to meet obligations</i>	<i>Needs special considerations</i>

Please complete the back side of this form.

Principal/Administrator Evaluation Form (page 2)

FOR 1ST - 8TH GRADE APPLICANTS

1. Based on academic achievements, do you recommend this student?	YES	NO	5. Are you aware of any significant home conditions likely to affect his performance at school?	YES	NO
PLEASE EXPLAIN			PLEASE EXPLAIN		
2. Based on personal qualities, do you recommend this student?	YES	NO	6. Has this student received any serious disciplinary actions?	YES	NO
PLEASE EXPLAIN			PLEASE EXPLAIN		
3. Does this student have significant behavioral or personality problems?	YES	NO	7. Has this student been suspended from your school?	YES	NO
PLEASE EXPLAIN			PLEASE EXPLAIN		
4. Are you aware of any significant health/physical issues that might affect his performance at school?	YES	NO	8. Does this student have unsatisfactory attendance?	YES	NO
PLEASE EXPLAIN			PLEASE EXPLAIN		
9. To better serve this applicant, please check the appropriate sections if the student (that you are aware of):					
<p>HAS BEEN DIAGNOSED WITH</p> <p> <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) <input type="checkbox"/> Asperger's / Autism Spectrum Disorder (ASD) <input type="checkbox"/> Behavioral problems <input type="checkbox"/> Difficulties processing information <input type="checkbox"/> Dyslexia or other related <input type="checkbox"/> Emotional difficulties <input type="checkbox"/> Hearing difficulties <input type="checkbox"/> Learning differences <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) <input type="checkbox"/> Oppositional Defiant Disorder (ODD) <input type="checkbox"/> Physical limitations <input type="checkbox"/> Speech difficulties <input type="checkbox"/> Other: </p> <p>PARTICIPATED IN</p> <p> <input type="checkbox"/> Adaptive PE <input type="checkbox"/> Applied Behavioral Analysis (ABA) <input type="checkbox"/> Counseling <input type="checkbox"/> English as a Second Language (ESL) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Occupational therapy (OT) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Special Education (has IEP) <input type="checkbox"/> Special gifts or talents <input type="checkbox"/> Speech therapy <input type="checkbox"/> Other: </p>					
<p>PLEASE ADD ANY COMMENTS (BELOW OR A SEPARATE PAPER) THAT YOU FEEL WILL BE HELPFUL IN OUR EVALUATION OF THIS STUDENT.</p>					

Name of Principal/Administrator		Signature of Principal/Administrator		Today's Date
How many years have you know this student?	Do we have permission to contact you?	What is the best time to contact you?		
Preferred contact method Phone/Email	Phone #	Email		

Please return this form to: St. Catherine's Academy Admissions Office

215 N. Harbor Blvd., Anaheim CA 92805 • PHONE: 714-772-1363 • FAX: 714-772-3004 • EMAIL: admissions@stcatherinesacademy.org

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