

# ARCHDIOCESE OF LOS ANGELES

## Confidential Common Evaluation Form For Students Applying to a Catholic High School

### THIS SECTION IS COMPLETED BY A PARENT OF THE STUDENT APPLICANT

**PARENTAL PERMISSION FOR RELEASE OF INFORMATION:** I hereby give my permission for the elementary/middle school to send student information to the requested Catholic high schools. I waive my right to view these records.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

LAST

FIRST

MIDDLE

**HOME ADDRESS:** \_\_\_\_\_

STREET

CITY

STATE

ZIP

**EMAIL ADDRESS:** \_\_\_\_\_ **HOME PHONE:** (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**SCHOOL NOW ATTENDING:** \_\_\_\_\_

NAME OF SCHOOL

CITY

**DATE ENTERED CURRENT SCHOOL (Month/Year)** \_\_\_\_\_

### TO THE PRINCIPAL, ENGLISH TEACHER, AND MATH TEACHER:

This form is to be completed by a school official and returned directly to each high school. This CONFIDENTIAL evaluation will be used only by persons on the Admissions Committee and will **not** become part of the student's cumulative folder. Therefore, this form will **not** be open to general review and will not be forwarded to any other school or institution. Your carefully considered judgment will have a strong and direct bearing on this student's acceptance. Please provide information which you think should influence our decision, i.e. gifts, talents, abilities in/outside of the classroom, and/or any challenges or difficulties the student might have faced. We appreciate your honesty and your effort.

**POSITION OF PERSON COMPLETING FORM:**

PRINCIPAL       ENGLISH/LANGUAGE ARTS TEACHER  
 MATH TEACHER       OTHER (Specify: \_\_\_\_\_)

**PRINTED NAME OF PERSON COMPLETING EVALUATION:** \_\_\_\_\_

**EMAIL ADDRESS OF PERSON COMPLETING EVALUATION:** \_\_\_\_\_

**SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SCHOOL ADDRESS** \_\_\_\_\_

STREET

CITY

ZIP CODE

NAME OF APPLICANT: \_\_\_\_\_  
  LAST  FIRST  MIDDLE

### Confidential Common Evaluation Form

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO RESPOND
MOTIVATION:					
SENSE OF RESPONSIBILITY:					
PERSONAL RELATIONSHIPS:					
INITIATIVE AND LEADERSHIP:					
COOPERATION/EFFORT					
GENERAL CONDUCT/BEHAVIOR					
WORK AND STUDY HABITS					
INTEGRITY					
DEMONSTRATION OF FAITH					

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN EVALUATING THIS STUDENT:**  
**REQUIRED:** We ask that you please complete this section and provide written information, along with your evaluation of the student. This will help us to know where to place a student academically. Thank you in advance.

**RECOMMENDATIONS**

	STRONGLY RECOMMEND	RECOMMEND	RECOMMEND WITH RESERVATIONS	DO NOT RECOMMEND (Please explain)	SPECIAL CIRCUMSTANCE
ACADEMICALLY					
OBSERVED CHARACTER					
OVERALL					

PRINTED NAME OF PERSON COMPLETING EVALUATION: \_\_\_\_\_ POSITION \_\_\_\_\_  
07/14