St. Ursula Junior Academy School Evaluation

For the 2018-2019 School Year

ST. URSULA ACADEMY ABIDES BY THE POLICY THAT ALL INFORMATION PROVIDED ON THE SCHOOL EVALUATION FORM WILL BE HELD IN THE STRICTEST CONFIDENCE AND WILL NOT, DIRECTLY OR INDIRECTLY, BE SHARED WITH STUDENTS, PARENTS OR GUARDIANS.

STUDENT NAME _____

CURRENT SCHOOL _____

PRESENT GRADE LEVEL ____ I HAVE KNOWN THIS STUDENT FOR ____ YEARS, ____ MONTHS

ATTENDANCE IS ☐ REGULAR ☐ NOT REGULAR

THE FIRST WORDS THAT COME TO MIND WHEN I THINK OF THIS STUDENT ARE:

_____

ACADEMIC ABILITY

	Outstanding	Above Average	Average	Below Average
Verbal Ability				
Mathematical Ability				
Creative Ability				
Intellectual Curiosity				
Ability to Grasp New Concepts				

CLASSROOM PERFORMANCE

	Outstanding	Above Average	Average	Below Average
Classroom Achievement				
Participation in Discussions				
Writing Mechanics				
Oral Expression				
Work Habits				
Ability to Follow Direction				
Preparation for Class				

SCHOOL BEHAVIOR

	Outstanding	Above Average	Average	Below Average
Motivation				
Ability to Work in a Group				
Ability to Work Independently				
Response to Suggestions				
Willingness to Seek Help				
Attention Span				
Interaction with Peers				
Respect to Others				
Conduct				

PLEASE CIRCLE THE WORDS THAT DESCRIBE THIS STUDENT.

AGGRESSIVE
IRRESPONSIBLE
OVERPROTECTED
DISOBEDIENT
HUMOROUS
SELF-CENTERED
IMPULSIVE
PASSIVE-RESISTANT
SELF-DISCIPLINED
LONER
CONFIDENT
VIVACIOUS
COMPASSIONATE
EASILY FRUSTRATED
RESPONSIBLE

FOLLOWER
ENERGETIC
NEGATIVE LEADER
RESTLESS
HONEST
KIND
ORGANIZED
SOCIAL
DISTRACTING
PERFECTIONIST
CONSCIENTIOUS
IRRITABLE
ASSERTIVE
POPULAR
POSITIVE LEADER

MANIPULATIVE
ANXIOUS
EASILY DISCOURAGED
PASSIVE
DISTRACTIBLE
ARTICULATE
MOTIVATED
CHEERFUL
DISHONEST
PROBLEM-SOLVER
OTHER:
CREATIVE
COLLABORATIVE
_____
_____

EVALUATOR'S NAME (PRINTED)_____ SIGNATURE _____

POSITION _____ DATE _____ TELEPHONE NUMBER _____

SCHOOL ADMINISTRATOR

HAS THE FAMILY SATISFIED (OR ON TRACK TO SATISFY) ALL FINANCIAL OBLIGATIONS TO YOUR SCHOOL? ☐ YES ☐ NO

ADMINISTRATOR'S NAME (PRINTED)_____ SIGNATURE _____

PLEASE MAIL TO ST. URSULA ACADEMY
ADMISSIONS OFFICE
4025 INDIAN RD, TOLEDO, OHIO 43606