



Siena Catholic Schools of Racine, Inc.

1220 Villa St. Racine, WI 53403 (262)833.5517

Child's Name: _____ DOB: _____ Grade Apply: _____

TEACHER EVALUATION REPORT for admission to Grades 6-12

Parent/Guardian: As part of the enrollment process to Siena Catholic Schools, we request an evaluation from the applicant's current teacher. This form must be submitted in order to complete the application process. Please fill in and sign the top portion and give this form to your child's teacher. All evaluations are confidential and must be returned directly to us from the school.

For the child named above, I give permission for you to release the information on this form to St. Catherine's and understand that I will not have access to this confidential information. In addition, I permit my child's current school staff to speak with any inquiring admission staff. All communication between schools will remain confidential and I will not have access to the content of any conversation.

Name of parent / guardian (please print): _____ Date: _____

Signature of parent / guardian: _____

Teacher: It is very important that this child's next school placement be the most appropriate one for both the student and his / her family. We appreciate you taking the time to give us an evaluation of this student's emotional, social and academic readiness for our program. Your observations will be held in the strictest of confidence and do not become part of the student's permanent record.

The completed form should be emailed to admissions@sienacatholicschools.org. Do not return the form to the family.

How long have you known this child? _____ years _____ months

What three words come to mind when describing this child?

For each item below, please check the best description of this child.

| Personal Characteristics | Needs Improvement | Emerging | Noticeably Developing | Age-Appropriate Consistent | Advanced |
|---------------------------------|-------------------|----------|-----------------------|----------------------------|----------|
| Motivation / effort | | | | | |
| Ability to work in a group | | | | | |
| Ability to work independently | | | | | |
| Class conduct | | | | | |
| Respect for teachers | | | | | |
| Relationship with peers | | | | | |
| Demonstrates self-control | | | | | |
| Stays on Task | | | | | |
| Maturity | | | | | |
| Seeks advice / help when needed | | | | | |

Comments: _____

For each item below, please check the best description of this child.

| Academic Performance | Needs Improvement | Emerging | Noticeably Developing | Age-Appropriate Consistent | Advanced |
|-------------------------------------|--------------------------|-----------------|------------------------------|-----------------------------------|-----------------|
| Academic performance | | | | | |
| Participation in discussions | | | | | |
| Ability to express ideas orally | | | | | |
| Ability to express ideas in writing | | | | | |
| Follow directions | | | | | |
| Prepared for class | | | | | |
| Attention span | | | | | |
| Uses time wisely | | | | | |
| Seeks help when needed | | | | | |

Comments: _____

For each item below, please check the most appropriate box.

| Family Information | Needs Improvement | Average | Good | Very Good | Excellent |
|---|--------------------------|----------------|-------------|------------------|------------------|
| Has realistic expectations for child | | | | | |
| Communicates openly with school | | | | | |
| Follows rules and policies | | | | | |
| Cooperates with teachers | | | | | |
| Follows through with school recommendations | | | | | |
| Participates in school activities | | | | | |

Comments: _____

____ Check here is any information pertaining to this child / family would be better communicated by phone.

Form completed by (print name): _____ Teacher of: ___ English ___ Math

Signature: _____ Date: _____

School Name: _____ School Phone: _____

Please return this form directly to:

**Siena Catholic Schools of Racine, Inc.
Admissions Department
1220 Villa St.
Racine, WI 53403**

Or by email: admissions@sienacatholicschools.org

Do not return completed form to the family.

For Siena Admissions Office use only:

Date received: _____ Received by: _____