



CONFIDENTIAL STUDENT EVALUATION

TO BE COMPLETED BY THE PARENT:

Name of applicant _____ Candidate for grade _____

My child is applying for admission to First Baptist Christian School. I would appreciate your completing this form and returning it directly to First Baptist at the above address. I hereby authorize the release of my child’s records and evaluative data, and I understand that the information will remain confidential.

Signature of parent/guardian _____
Date

TO COMPLETED BY THE TEACHER:

Student is currently studying at grade ____ level. He/she has attended this school for ____ years.

How long have you known this student? _____

Please rank the student in the following categories in comparison with other students of the same age or grade level at your school.

Rating	Excellent	Above Average	Average	Below Average	Unable to rate
Work/study habits					
Academic motivation					
Reading ability					
Writing ability					
Mathematics ability					
Cooperation					
Respect for authority					
Relationship with peers					
Neatness and organization					
Behavior					

Please sign and make additional comments on the back of this form.

