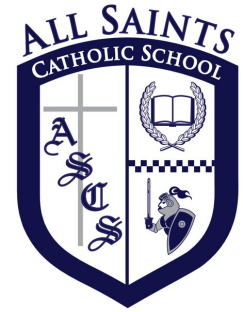


All Saints Catholic School

TEACHER EVALUATION FORM (1st -8th)

ENTERING GRADE



I give permission for this form to be completed and returned to All Saints Catholic School

Signature of Parent/Guardian Authorization

Student Name: _____ Grade: _____

School Currently Attending: _____

TO: PRINCIPAL or TEACHER

The above applicant has applied to All Saints Catholic School. The parents have given permission for your help in evaluation. Please be as candid as possible; the information is confidential. We thank you for your assistance.

<i>Please evaluate the following areas:</i>	EXCELLENT	GOOD	FAIR	UNSATISFACTORY
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application to Studies (effort)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Support of School Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any conditions (physical, emotional, language, family, etc.) of which the school should be aware of in dealing with this student. _____

Please email, mail, or fax this evaluation form to:

All Saints Catholic School
2006 N. Houston Street
Fort Worth, TX 76164

Phone: 817-624-2670
Fax: 817-624-1221
Email: admissions@ascsfw.org