



STUDENT EVALUATION

Student Evaluation

HIGH SCHOOL DIVISION *(Please submit to your child's current teacher.)*

_____ has applied for admission to Carrollwood Day School - High School Division
(Student's Name)
for _____ grade. We appreciate the time and effort involved in completion of the information on this form.
Please be assured that all evaluative information reported is regarded as confidential in nature.

ACADEMIC EVALUATION: (Please circle appropriate ratings.)

Academic potential	limited (1)	fair (2)	average (3)	good (4)	outstanding (5)	Not Applicable (N/A)
Academic achievement	1	2	3	4	5	N/A
Self motivation	1	2	3	4	5	N/A
Study habits	1	2	3	4	5	N/A
Intellectual curiosity	1	2	3	4	5	N/A
Ability to work in a group	1	2	3	4	5	N/A
Ability to work independently	1	2	3	4	5	N/A
Participation in discussion	1	2	3	4	5	N/A
Ability to write	1	2	3	4	5	N/A
Ability to express ideas orally	1	2	3	4	5	N/A
Accepts classroom policies and procedures	1	2	3	4	5	N/A
Follows directions	1	2	3	4	5	N/A
Uses suggestions or corrections	1	2	3	4	5	N/A
Completes work in time allotted	1	2	3	4	5	N/A
Turns in assignments when due	1	2	3	4	5	N/A
Seeks help when needed	1	2	3	4	5	N/A
Attention span	1	2	3	4	5	N/A
Recommendation as a student	1	2	3	4	5	N/A

PERSONAL EVALUATION: (Please circle appropriate ratings.)

Integrity	limited (1)	fair (2)	average (3)	good (4)	outstanding (5)	Not Applicable (N/A)
Consideration of others	1	2	3	4	5	N/A
Social adjustment with peers	1	2	3	4	5	N/A
Leadership Potential	1	2	3	4	5	N/A
Initiative (wholesome)	1	2	3	4	5	N/A
Classroom Conduct	1	2	3	4	5	N/A
Stability	1	2	3	4	5	N/A
Sense of Humor	1	2	3	4	5	N/A
Self Confidence	1	2	3	4	5	N/A
Accepts Responsibilities	1	2	3	4	5	N/A
Cooperates with Adults	1	2	3	4	5	N/A
Parent Cooperation	1	2	3	4	5	N/A
Recommendation as a Person	1	2	3	4	5	N/A

Please complete both sides of form.

Is this student working on grade level or above grade level in this subject area? yes no N/A

Would this student be eligible to re-enter your school at the next grade level? yes no N/A

Has this student been involved with alcohol or drugs? yes no N/A

Maturity in terms of age and grade limited (1) fair (2) average (3) good (4) outstanding (5) (N/A)
(Please explain)

Has this student ever been referred for an educational evaluation? yes no
N/A

Does this student demonstrate a pattern of unacceptable behavior? yes no
N/A
(If yes, please explain)

Does this student have any non-academic problems that impede academic success? yes no
N/A
(If yes, please explain)

Please share your observations and any explanations which will help us understand this child and promote his/her successful transition to Carrollwood Day School - High School Division.

Teacher's Signature

Print or type name

Subject Taught: _____

School name

Final Grade Received: _____

School address

Date

Please attach current transcripts and other related records including IEP and previous educational testing.

Please mail to:
Admissions Office
Carrollwood Day School
High School Division
1515 W. Bearss Avenue
Tampa, Florida 33613

Please complete both sides of form.