

ST. RAPHAEL CATHOLIC SCHOOL

5815 Falls of the Neuse Road
Raleigh, NC 27609
(919) 865-5750
Fax (919) 865-5751

**CONFIDENTIAL ASSESSMENT FORM
GRADES 1 – 8**

Applicant's Name _____ Current Grade _____

School Name _____ Dates Attended _____

The above named student has applied for enrollment in St. Raphael Catholic School. Please complete and return to the school. This evaluation will be kept confidential. Thank you for your help.

CITIZENSHIP	EXCELLENT	GOOD	FAIR
Attitude			
Initiative			
Maturity			
Cooperation			
Respect for Authority			
Conduct			
Peer Interaction			

ACADEMIC	EXCELLENT	GOOD	FAIR
Reading Ability			
Writing Ability			
Oral Ability			
Math Ability			
Potential			

WORK SKILLS	EXCELLENT	GOOD	FAIR
Motivation			
Independent Work			
Assignment Completion			

Please provide any comments that would help us evaluate this applicant:

Please attach a separate sheet for additional comments or explanations if necessary.

Attendance Record: Satisfactory Unsatisfactory

Do you recommend this applicant for promotion to the next grade? Yes No

Teacher's Name _____ Date _____

Signature _____ School Phone # _____