



SAINT RAPHAEL CATHOLIC SCHOOL

5815 FALLS OF THE NEUSE ROAD + RALEIGH, NORTH CAROLINA 27609

PHONE 919.865.5750 + FAX 919.865.5751

CONFIDENTIAL ASSESSMENT FOR GRADES 1 THROUGH 8

Applicant's Name

Current Grade

School Name

Dates Attended

The above-named student has applied for enrollment at Saint Raphael Catholic School.

Please complete and return this confidential evaluation to the school, to the attention of Kara Rectenwald, Registrar.

Citizenship	Excellent	Good	Fair
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	Excellent	Good	Fair
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Skills	Excellent	Good	Fair
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignment Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments that would help us evaluate this applicant. Additional comments or explanation are welcome on a separate sheet.

Attendance Record Excellent Satisfactory Unsatisfactory

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

Teacher's Name _____ Date _____

Signature _____ School Phone Number _____