



CHRIST THE KING School

A COMMUNITY *uniting* school, family, and faith

Student Evaluation Form - Rising 1-5th grades (Page 1/2)

To Parent: Please complete this section and deliver this form to your child's teachers.
Forms will be mailed directly to the CKS Admissions Office.

Student Name: _____ Date of Birth: _____

Student is Called: _____ Sex: M F

Applicant's Current School: _____ Current Grade: _____

School Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Evaluator: Please fill out the following. If you would like to provide additional information, please do so in the comments section.

Number of days absent during the year: _____ Number of days tardy: _____ Number of times tardy to class: _____

How long and in what capacity have you known the applicant? _____

Academic Skills

	Excellent	Good	Fair	Poor/limited
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Skills

Class participation	<input type="checkbox"/> Joins in readily	<input type="checkbox"/> Contributes occasionally	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes
Ability to work in a group	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Has difficulty	<input type="checkbox"/> Has great difficulty
Ability to work independently	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs constant help
Completes assignments on time	<input type="checkbox"/> Consistently completes	<input type="checkbox"/> Usually completes	<input type="checkbox"/> Needs additional time	<input type="checkbox"/> Has difficulty
Follows directions	<input type="checkbox"/> Easily and accurately	<input type="checkbox"/> Occasionally needs help	<input type="checkbox"/> Needs much explanation	<input type="checkbox"/> Rarely
Takes initiative	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Fine motor skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attention span	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires frequent redirection

Social Skills

Peer relations	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Relationships with adults	<input type="checkbox"/> Courteous	<input type="checkbox"/> Usually positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Shows little respect
Concern for others	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Usually considerate	<input type="checkbox"/> Rarely considerate
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Christ the King School

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English/Language Arts

	Excellent	Good	Fair	Poor/limited
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression – Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression – Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Names of English Textbooks/Publishers: _____

Math

	Excellent	Good	Fair	Poor/limited
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Names of Math Textbooks/Publishers: _____

Areas in which the applicant has the greatest strengths: _____

Areas in which the applicant has the greatest needs: _____

Has the applicant ever been a recipient of or recommended for a special services program? *(check those that apply)*

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Psycho-educational Testing | <input type="checkbox"/> IEP/504 Plan | <input type="checkbox"/> Learning disability resource center | |
| <input type="checkbox"/> Extra help or tutoring | <input type="checkbox"/> Extended time | <input type="checkbox"/> Speech therapy | <input type="checkbox"/> Grade retention |

If yes, please explain: _____

Describe the ways applicant contributes to your school community (character, citizenship, leadership): _____

Please describe the parental support/involvement: _____

Personal qualities

Integrity	<input type="checkbox"/> Highly trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Usually trustworthy	<input type="checkbox"/> Questionable
Personality	<input type="checkbox"/> Always friendly	<input type="checkbox"/> Usually friendly	<input type="checkbox"/> Occasionally friendly	<input type="checkbox"/> Rarely friendly
Sense of humor	<input type="checkbox"/> Highly developed	<input type="checkbox"/> Good	<input type="checkbox"/> Fair humor	<input type="checkbox"/> Poorly developed
Cooperation	<input type="checkbox"/> Always cooperates	<input type="checkbox"/> Cooperates	<input type="checkbox"/> Occasionally cooperates	<input type="checkbox"/> Poor cooperation
Citizenship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Self control	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Leadership potential	<input type="checkbox"/> Leader	<input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Rarely leads
Self confidence	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Seems overconfident	<input type="checkbox"/> Poor self-image
Reaction to criticism/setbacks	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Emotional maturity	<input type="checkbox"/> Very mature	<input type="checkbox"/> Age appropriate	<input type="checkbox"/> Sometimes immature	<input type="checkbox"/> Very immature
Responsibility	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible

Comments: _____

Thank you for your time and evaluation of this applicant. May we contact you if we have questions? Yes No

Evaluator's Name (please print): _____

Phone: _____

Evaluator's Signature: _____

Title: _____

Date: _____

Principal's Signature: _____

Date: _____