



CHRIST THE KING School

A COMMUNITY *uniting* school, family, and faith

Student Evaluation Form - Rising 6-8th 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	Above Average	Average	Area of Challenge
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"/>

English/Language Arts

	Excellent	Above Average	Average	Area of Challenge
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	Above Average	Average	Area of Challenge
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: _____

Christ the King School

46 Peachtree Way NE • Atlanta, GA, 30305 • (404) 233-0383 • admissions@christking.org

Student Evaluation Form - Rising 6-8th grades (Page 2/2)

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 |
| 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 |
| Displays appropriate conduct | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

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"/> Grade retention |
| <input type="checkbox"/> Extra help or tutoring | <input type="checkbox"/> Extended time | <input type="checkbox"/> Speech therapy | |

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 |
| Responsibility | <input type="checkbox"/> Very responsible | <input type="checkbox"/> Usually responsible | <input type="checkbox"/> Sometimes responsible | <input type="checkbox"/> Rarely responsible |
| Emotional maturity | <input type="checkbox"/> Very mature | <input type="checkbox"/> Age appropriate | <input type="checkbox"/> Sometimes immature | <input type="checkbox"/> Very immature |

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: _____