

Junipero Serra High School

Confidential Common Evaluation Form

14830 S. Van Ness Avenue . Gardena. California 90249

THIS SECTION IS COMPLETED BY A PARENT OF THE STUDENT APPLICANT

PARENTAL PERMISSION FOR RELEASE OF INFORMATION: I hereby give my permission for the elementary/middle school to send student information to the requested Catholic high schools. I waive my right to view these records.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

PARENT/LEGAL GUARDIAN PRINTED NAME: _____ **DATE:** _____

NAME OF APPLICANT: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET CITY STATE ZIP

EMAIL ADDRESS: _____ **HOME PHONE:** (____) _____

SCHOOL NOW ATTENDING: _____
NAME OF SCHOOL CITY

DATE ENTERED CURRENT SCHOOL (Month/Year) _____

TO THE PRINCIPAL, ENGLISH TEACHER, AND MATH TEACHER:

This form is to be completed by a school official and returned directly to each high school. This CONFIDENTIAL evaluation will be used only by persons on the Admissions Committee and will not become part of the student's cumulative folder. Therefore, this form will not be open to general review and will not be forwarded to any other school or institution. Your carefully considered judgment will have a strong and direct bearing on this student's acceptance. Please provide information which you think should influence our decision, i.e. gifts, talents, abilities in/outside of the classroom, and/or any challenges or difficulties the student might have faced. We appreciate your honesty and your effort.

POSITION OF PERSON COMPLETING FORM:

PRINCIPAL ENGLISH/LANGUAGE ARTS TEACHER
 MATH TEACHER OTHER (Specify: _____)

PRINTED NAME OF PERSON COMPLETING EVALUATION: _____

EMAIL ADDRESS OF PERSON COMPLETING EVALUATION: _____

SIGNATURE REQUIRED: _____ **DATE:** _____

SCHOOL: _____ **PHONE:** _____

SCHOOL ADDRESS _____
STREET CITY ZIP CODE

NAME OF APPLICANT: _____
LAST FIRST MIDDLE

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| STUDENT RATING | EXCELLENT | GOOD | AVERAGE | POOR | UNABLE TO RESPOND |
|----------------------------|-----------|------|---------|------|-------------------|
| MOTIVATION: | | | | | |
| SENSE OF RESPONSIBILITY: | | | | | |
| PERSONAL RELATIONSHIPS: | | | | | |
| INITIATIVE AND LEADERSHIP: | | | | | |
| COOPERATION/EFFORT | | | | | |
| GENERAL CONDUCT/BEHAVIOR | | | | | |
| WORK AND STUDY HABITS | | | | | |
| INTEGRITY | | | | | |
| DEMONSTRATION OF FAITH | | | | | |

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN EVALUATING THIS STUDENT:

RECOMMENDATIONS

| | STRONGLY RECOMMEND | RECOMMEND | RECOMMEND WITH RESERVATIONS | DO NOT RECOMMEND (Please explain) | SPECIAL CIRCUMSTANCE |
|--------------------|--------------------|-----------|-----------------------------|-----------------------------------|----------------------|
| ACADEMICALLY | | | | | |
| OBSERVED CHARACTER | | | | | |
| OVERALL | | | | | |

PRINTED NAME OF PERSON COMPLETING EVALUATION: _____ POSITION _____