

ARCHDIOCESE OF LOS ANGELES

Confidential Common Evaluation Form for Students Applying to a Catholic High School Formulario Confidencial para la Evaluación Común de Estudiantes que Solicitan Admisión a una Escuela Preparatoria Católica

ESTA SECCIÓN ES COMPLETADA POR LOS PADRES DEL SOLICITANTE

Permiso de los padres para la divulgación de información: Yo doy mi permiso para que la escuela actual secundaria envíe información del estudiante a las escuelas secundarias Católicas solicitadas. Renuncio a mi derecho a ver estos registros.

Firma del padre/madre/tutor legal: _____ **Fecha:** _____

Nombre en letra de molde del padre/madre/tutor legal: _____

Nombre del solicitante: _____
Apellido Primer Nombre Segundo Nombre

Fecha de nacimiento: _____ **Grado en que cursa actualmente:** _____

Domicilio: _____
Calle Ciudad Estado Código postal

Correo electrónico: _____ **Teléfono: (____) _____ - _____**
Particular

Escuela Actual: _____
Nombre de la escuela Ciudad

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

Confidential Common Evaluation Form

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 _____