



GOOD SHEPHERD CATHOLIC SCHOOL

148 S. Linden Drive Beverly Hills, California 90212

TEL (310) 275-8601 FAX (310) 275-0366

www.goodshepherdbeverlyhills.com

Registration Evaluation Form

Confidential

Please send directly to Good Shepherd Catholic School

Entering 3rd, 4th, 5th Grade

Your judgements are used solely for the administration process and are held in the strictest confidence.

We thank you in advance for your help in this matter.

Name of student: _____ Date of birth: _____

School currently attending: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Date of enrollment: _____ Today's date: _____

Please evaluate the student for the following:

	Below Average	Average	Above Average
Language Arts:			
Basic Mechanics			
Sentence Structure			
Grammar			
Critical thinking			
Mathematics:			
Basic Skills			
Analytical Ability			
Word Problems			

Academic and Character Information:

	Below Average	Average	Above Average
Motivation			
Responsibility			
Relationship with Peers			
Leadership Abilities			
Integrity			
Cooperation			
Work Habits / Effort			
Behavior			

List three words that describe this student: _____

List any special needs that this student requires: _____

Comments: _____

Describe the parent's involvement in student's education: _____

Number of times absent (first semester): _____ Number of times absent (second semester): _____

Print your Name: _____ Signature: _____

Your Title / Position: _____

Your Relationship to the Student: _____