



# Get the Jesuit Advantage

## EVALUATION FOR ADMISSIONS

### IMPORTANT:

*Please complete the information below and sign. This gives permission to release evaluation information to St. John's Jesuit HS and Academy. After signing, please, give to your guidance counselor or teacher.*

**Dear Teacher/Counselor:**

**Please take a moment to complete the below information on the following student and send the Evaluation to St. John's Jesuit HS and Academy.**

**Student Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

**Person Completing this Evaluation:** \_\_\_\_\_

**School:** \_\_\_\_\_

*The following information is to be completed by the student's school employees and returned to St. John's Jesuit HS and Academy. Thank you for your cooperation.*

### I. Personal Traits

<i>Characteristics</i>	<i>Below</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>Exceptional</i>	<i>Comments</i>
<i>Self-Motivation</i>						
<i>Imagination</i>						
<i>Curiosity</i>						
<i>Independence</i>						
<i>Leadership</i>						
<i>Respect for Others</i>						
<i>Integrity</i>						
<i>Maturity</i>						
<i>Self-Confidence</i>						
<i>Dependability</i>						
<i>Reaction to Adversity</i>						
<i>Risk Taker</i>						

**II. Personal Habits**

<i>Skill</i>	<i>Below</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>Exceptional</i>	<i>Comments</i>
<i>Persistence</i>						
<i>Collaboration</i>						
<i>Ability to follow directions</i>						
<i>Completion of assignments</i>						
<i>Disciplined work habits</i>						

**III. Academic Evaluation (Current Classes)**

<i>Class (Please specify class)</i>	<i>1<sup>st</sup> Quarter</i>	<i>2<sup>nd</sup> Quarter</i>	<i>1<sup>st</sup> Semester</i>	<i>3<sup>rd</sup> Quarter</i>	<i>4<sup>th</sup> Quarter</i>	<i>2<sup>nd</sup> Semester</i>

**IV. Attendance Evaluation**

<i>Grade (Please include the <u>last 2 years</u>)</i>	<i>Excused</i>	<i>Unexcused</i>	<i>Times Tardy</i>	<i>Comments</i>

**V. General Evaluation**

1. List other schools attended by the student and what grade(s):

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2. Does the student have any significant health problems, or physical disabilities?      Yes      No

If yes, what:

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3. Does the student have a diagnosed learning disability? Yes No

4. Does the student have an IEP? Yes No (If yes, a copy must be attached)

5. Are any type of educational accommodations made for this student? Yes No

If yes, what:

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6. Are there specific concerns (disciplinary, academic, or otherwise) about this student that you would like to discuss by phone? Yes No

If yes, please provide grade and reason:

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Name of Evaluator: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**VI. Overall Evaluation**

	<i>Below</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>Exceptional</i>	<i>Comments</i>
<i>As a young person</i>						
<i>As a student</i>						



**Please send to:**

*St. John's Jesuit High School and Academy*

*Attention: Admissions Office*

*5901 Airport Highway*

*Toledo, OH 43615*