



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

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

II. Personal Habits

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

III. Academic Evaluation (Current Classes)

Class (Please specify class)	1 st Quarter	2 nd Quarter	1 st Semester	3 rd Quarter	4 th Quarter	2 nd Semester

IV. Attendance Evaluation

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

V. General Evaluation

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

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

If yes, what:

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:

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:

7. Has the student ever been expelled or suspended (in or out) from school? Yes No

If yes, briefly explain:

Name of Evaluator: _____ Contact Number: _____

Signature of Evaluator: _____

Position: _____ Date: _____

VI. Overall Evaluation

	Below	Average	Good	Excellent	Exceptional	Comments
As a young person						
As a student						



Please send to:

St. John's Jesuit High School and Academy

Attention: Admissions Office

5901 Airport Highway

Toledo, OH 43615

rtaylor@sjtitans.org