

ST. BEDE CATHOLIC SCHOOL

The student below is applying for admission to St. Bede Catholic School. We ask your assistance in completing this form.

PARENT: Please fill out this section and give the form to your child's current teacher.

Student Name: _____ Present Grade: _____

Name of school presently attending: _____

School address: _____ City/Zip: _____

Teacher name: _____

Parent signature: _____

TEACHER EVALUATION

Please fill out the section below using this scale:

1 – Outstanding; 2 – Normal progression; 3 – Needs further growth; 4 – Unsatisfactory

WORK HABITS

Shows self-control: _____

Accepts discipline with a positive attitude: _____

Gets along well with other children: _____

Begins work promptly: _____

Works neatly and accurately: _____

Speaks distinctly: _____

Works well with others: _____

Shares: _____

Completes homework assignments consistently: _____ Cooperates with school rules: _____

This child (**WILL / WILL NOT**) be ready for the _____ grade.

Is the student's academic performance at grade level in Reading, Writing, and Math?

Has this student been recommended for special education or resource classes?

Special health or personality problems?

Other helpful comments?

Teacher signature: _____

PLEASE RETURN THIS FORM TO: St. Bede Catholic School ~ 26910 Patrick Avenue ~
Hayward, CA 94544