

# 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