



Learning today... Leading tomorrow... Aprendiendo hoy... Dirigiendo mañana...

Request for Student Information and Evaluation (Grades 1 – 8)

I give permission for this form to be completed and returned to St. John Vianney Catholic School.

Signature of Parent/Guardian for Authorization

Home/Work Phone Number-*please indicate*

Student's Name: _____

Current School Name and Address: _____

Teacher's Name: _____ Signature: _____

PLEASE RETURN COMPLETED FORM BY MAIL, FAX OR EMAIL:

St. John Vianney Catholic School

6200 S. Orange Blossom Trail

Orlando, FL 32809

Fax: 407-857-7932; Email sjvs@sjvs.org

Please grade the following areas:	EXCELLENT	GOOD	FAIR	UNSATISFACTORY
READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL STUDIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discipline – Please comment: _____

Most recent Achievement Test: _____ Date: _____

Results (Attach copy if available): _____

Has it ever been recommended that the student be tested for any of the following?

- Gifted Program Speech/Language Program Learning
 ADD/ADHD Other: _____

Was the testing complete? Yes No

Please describe any conditions (physical, emotional, language, family, etc.) of which the school should be aware of in dealing with this student: _____
