



**Saint James Catholic School**

830 W. Broad Street,  
Falls Church, Virginia 22046  
703.533.1182 FAX: 703.532.8316  
Saintjamesschool.org

**PROSPECTIVE STUDENT  
EVALUATION FORM  
GRADES K-1<sup>st</sup>  
CONFIDENTIAL**

DATE: \_\_\_\_\_

**PARENT/GUARDIAN:**

Please complete Page 1 of this form and submit it to your child's current school. **This form must be returned to Saint James Catholic School directly from the current school (not to the parent).**

TO: \_\_\_\_\_  
NAME OF SCHOOL PHONE NUMBER

\_\_\_\_\_  
ADDRESS

RE: \_\_\_\_\_  
FULL NAME OF CHILD DATE OF BIRTH

\_\_\_\_\_ School has my permission to answer the following questions and return this information to Saint James Catholic School at the address above by fax or email.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PARENT/GUARDIAN ADDRESS



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\_\_\_\_\_ has applied for admission to Saint James Catholic School.  
NAME OF STUDENT

*This form asks for your candid assessment of this student’s social, physical, and academic development. Please feel free to offer additional comments on a separate piece of paper. Your recommendation will be kept confidential.*

**Please return directly to Saint James Catholic School by mail, fax, or email.**

**What three words come to mind when describing the student:**

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**Please check the appropriate box:**

<b>PHYSICAL DEVELOPMENT</b>	<b>Advanced for Age</b>	<b>Appropriate for Age</b>	<b>Needs Improvement</b>	<b>Did Not Observe</b>	<b>Provide Additional Detail</b>
Gross Motor Coordination					
Awareness of Body in Space					
Balance of Movement					
Fine Motor Skill Development					
Pencil Grip					
Detail in Drawing					

<b>SOCIAL DEVELOPMENT</b>	<b>Advanced for Age</b>	<b>Appropriate for Age</b>	<b>Needs Improvement</b>	<b>Did Not Observe</b>	<b>Provide Additional Detail</b>
Cooperation with Others					
Listens Attentively					
Follows Directions					
Ability to Separate from Parents					
Engages					
Ability to Take Turns					
Respect for Others’ Property					
Follows Routines					
Transitions Between Activities					
Exhibits Independence					



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<b>SOCIAL DEVELOPMENT cont'd</b>	<b>Advanced for Age</b>	<b>Appropriate for Age</b>	<b>Needs Improvement</b>	<b>Did Not Observe</b>	<b>Provide Additional Detail</b>
Accepts Responsibility for Actions					
Interaction with Peers					
Attention Span					
Participation in Group Play					
Comfort Playing Alone					

<b>ACADEMIC DEVELOPMENT</b>	<b>Advanced for Age</b>	<b>Appropriate for Age</b>	<b>Needs Improvement</b>	<b>Did Not Observe</b>	<b>Provide Additional Detail</b>
Willingness to Participate					
Vocabulary Development					
Number Recognition					
Ability to Listen to Directions					
Focus and Participation in Groups					
Curiosity in Learning					
Upper Case Letter Recognition					
Lower Case Letter Recognition					
Speech is Clear and Understandable					
Pursues Topics of Interest					

<b>PERSONAL CHARACTERISTICS</b>	<b>Advanced for Age</b>	<b>Appropriate for Age</b>	<b>Needs Improvement</b>	<b>Did Not Observe</b>	<b>Provide Additional Detail</b>
Self-care Skills (coat, bathroom)					
Confidence in Approaching New Situations and Skills					
Empathy for Others					
Sense of Humor					
Initiation of Conversation Topics					
Motivation					
Enjoyment in School					



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<b>FAMILY INVOLVEMENT</b>	<b>Consistently</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Provide Additional Detail</b>
Realistic Expectations for a Child					
Realistic Expectations for School					
Willing to Volunteer Time					
Cooperates with Teachers					
Participates in School Events					
Follows School Rules & Policies					

In the best interest of the child seeking admission to Saint James Catholic School, please answer the following:

1. Length of time student attended your school: \_\_\_\_\_
2. Number of days absent during present school year: \_\_\_\_\_
3. Number of days tardy during present school year: \_\_\_\_\_
4. Grade placement for current academic year: \_\_\_\_\_
5. Suggested grade placement for upcoming school year: \_\_\_\_\_
6. Has the student ever been recommended for or identified as needing:
  - a. Special Education                       YES                       NO
  - b. Gifted Program                             YES                             NO
  - c. Grade Retention                             YES                             NO
  - d. Tutoring                                       YES                               NO
  - e. ADD or ADHD Testing                       YES                               NO
  - f. Psychological/Educational Testing\*     YES                               NO

*\* Please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial: \_\_\_\_\_*

**If the answer to any of the above is "yes," please comment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**What do you consider to be this student's greatest strengths?**

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**In your judgement, what are the areas of greatest need for this student?**

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**Please check one of the following:**

I highly recommend

I recommend with reservations

I recommend

I do not recommend

*If appropriate, please provide additional information about your recommendation on a separate piece of paper.*

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME OF PERSON COMPLETING FORM

\_\_\_\_\_  
DATE

***Thank you for your cooperation and your time in completing this form.  
Please submit directly to Saint James Catholic School by mail, fax, or email.***