



## Lima Central Catholic High School

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Current School and Phone Number

Dear Eighth-Grade Teacher/Counselor:

The above-named student has applied for admission to Lima Central Catholic High School. To assist us in the process of reviewing your student's application, we ask you to please fill out the evaluation contained in this document.

We want to point out that your evaluation of this student will be highly regarded. Because admittance to our schools is not based solely on the results of the High School Placement Test, we must ask you for further information. Specifically needed is information regarding the student's academic performance in grade school and your personal evaluation of this student. This information will assist us in interpreting the test scores for admission and placement in the program best suited for him/her.

We want you to be assured that this information will be used in the admittance process and will be kept confidential. Parents have been apprised of this new procedure for the 2016-2017 school year.

It is important for us that we receive your evaluation on or before **January 12<sup>th</sup>, 2016** so that we can process your student's application.

Certainly the information you provide us will complement that of the test scores and the information received from the parents and the student. We thank you for your time, effort and interest in completing this evaluation.

Thank you,

Stephanie Williams  
Director of Guidance

### **I. Personal Traits**

<b><i>Characteristics</i></b>	<b>Below</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Exceptional</b>	<b>Comments</b>
<b><i>Self-Motivation</i></b>						
<b><i>Imagination</i></b>						
<b><i>Curiosity</i></b>						
<b><i>Independence</i></b>						
<b><i>Leadership</i></b>						
<b><i>Respect for Others</i></b>						
<b><i>Integrity</i></b>						
<b><i>Maturity</i></b>						

<b>Self-Confidence</b>						
<b>Dependability</b>						
<b>Reaction to Adversity</b>						
<b>Risk Taker</b>						

**II: Personal Habits**

<b>Skill</b>	<b>Below</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Exceptional</b>	<b>Comments</b>
<i>Persistence</i>						
<i>Collaboration</i>						
<i>Ability to follow directions</i>						
<i>Completion of assignments</i>						
<i>Disciplined work habits</i>						

**III: General Evaluation** (Give to guidance counselor or administrator to complete)

1. Has the student ever been expelled or suspended (in or out-of-school) from school? Yes No  
If yes, explain:

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2. How long has student been enrolled at your school?

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3. Does the student have any significant health problems or physical disabilities? Yes No  
If yes, what:

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4. Does the student have a diagnosed learning disability? Yes No

5. Does the student have an IEP, 504 Plan or Minor Adjustment Plan? Yes No (If yes, a copy must be attached)

6. Are any type of educational accommodations made for this student? Yes No  
If yes, what:

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7. Are there specific concerns (disciplinary, academic, or otherwise) about this student that you would like to discuss by phone?    Yes    No

**IV: Academic Evaluation**

Please circle the class you would recommend for each subject area.

<b>English</b>	English 9	College Prep English	Honors English 9
<b>Math</b>	Integrated Math	Algebra I	Adv. Geometry
<b>Science</b>	Physical Science	Biology	
<b>Foreign Language Recommended?</b>	Yes	No	
<b>Band Recommended?</b>	Yes	No	

**V: Overall Evaluation**

	Below	Average	Good	Excellent	Exceptional	Comments
<b>As a young person</b>						
<b>As a student</b>						

Name of Evaluator: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_