

**St. Vincent de Paul High School**  
**849 Keokuk Street, Petaluma, CA 94953**  
**Tel: (707) 763-1032 Fax: (707)763-9448**

**CONFIDENTIAL STUDENT ASSESSMENT FORM**

This form should be given to a **TEACHER, COUNSELOR OR SCHOOL OFFICIAL** who knows the student well. Any information regarding this student will be kept strictly confidential.

**SCHOOL:**  
**STUDENT NAME:**  
**CURRENT GRADE:**

How long have you known this student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

The student named above has applied for admission to St. Vincent de Paul High School. This form will be used in evaluating the student's application and a guide to planning his/her course of studies. Thank you for your time and effort in completing this form. Your comments are very important to us.

Not Able to Observe	STUDENT PERSONAL QUALITIES	POOR	FAIR	AVERAGE	STRONG	EXCELLENT
	ACADEMIC COMMITMENT					
	CREATIVITY					
	SELF-CONFIDENCE					
	LEADERSHIP POTENTIAL					
	REACTION TO CRITICISM					
	CONCERN FOR OTHERS					
	PERSONAL CONDUCT					
	PERSONAL INTEGRITY					
	MOTIVATION AND EFFORT					
	ABILITY TO WORK COOPERATIVELY					
	GENERAL LEVEL OF MATURITY					
	OVERALL ACADEMIC ABILITY					

Please feel free to comment on issues that you feel would be pertinent to an evaluation of this student. (You may use the back of this form.)

**YOUR OVERALL RECOMMENDATION FOR THIS STUDENT:**

**RECOMMEND STRONGLY**    **RECOMMEND**    **RECOMMEND W/RESERVATION**

**DO NOT RECOMMEND**    **OTHER:** \_\_\_\_\_

1. Has the student had any special needs identified or been enrolled in any special education program?

No                       Yes (If yes, please explain.)

2. Has the student ever been on citizenship or disciplinary probation or have there been behavior problems which have been a consistent concern?

No  Yes (If yes, please explain.)

3. Has this student ever been **SUSPENDED** from school or have any disciplinary actions been taken?

No  Yes (If yes, please explain.)

4. Should the admissions committee be aware of any factors that have had an impact on this student's academic or social progress to date?

5. Has attendance been satisfactory?

Yes  No (If no, please indicate any extenuating circumstances for absences or tardies.)

6. Is there any additional information that can be better conveyed in a phone conversation?

Yes  No Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

### **CURRENT SCHOOL EVALUATION**

Is this student currently enrolled in a full year, Algebra I course?  Yes  No

Where: \_\_\_\_\_

If yes, does the student's mathematics instructor recommend high school credit for the completion of Algebra I?  Yes  No

If no, does the math instructor recommend the student begin with Algebra I? ( ) Yes ( ) No

Is this student currently enrolled in a foreign language course? ( ) Yes ( ) No

If yes, what language? \_\_\_\_\_ How long? \_\_\_\_\_

At what level does the student's foreign language teacher recommend placement in ninth grade?

1<sup>st</sup> Year ( )      2<sup>nd</sup> Year ( )      3<sup>rd</sup> Year ( )      4<sup>th</sup> Year ( )

**COMMENTS;** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_