

**St. Bernardine of Siena School**  
 6061 Valley Circle Boulevard, Woodland Hills, CA 91367  
 818-340-2130

**GRADES 1 through 8  
 TEACHER EVALUATION REPORT**

**TO THE PARENT:** As part of the admissions process at St. Bernardine of Siena School, we must receive a candid assessment of the applicant. The student's application **will not** be processed without this completed form. Please fill in the top half of this form and then give this form to your child's current teacher. He/she will appreciate being given plenty of time to complete this form. **Also, supply your child's teacher with a stamped envelope in which to mail this form directly to St. Bernardine of Siena School.** A copy of your child's most recent report card is to be included. Thank you.

NAME OF APPLICANT: \_\_\_\_\_  
First Name Middle Last Name

Candidate for Grade \_\_\_\_\_ at St. Bernardine of Siena School in August, 2009.

PARENT SIGNATURE: \_\_\_\_\_

**TO THE STUDENT'S CURRENT TEACHER:** Thank you very much for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic readiness. Please return this form, along with the applicant's most recent report card, to the attention of the Principal, St. Bernardine of Siena School, as soon as possible.

**CURRENT SCHOOL:** \_\_\_\_\_  
Street Address  
City/State/Zip

ACADEMIC ASSESSMENT	Excellent	Good	Average	Below Average
Motivation				
Creative qualities				
Self-discipline				
Growth potential				
Achievement				
Ability in relation to achievement				
Attendance at school				
CHARACTER ASSESSMENT	Excellent	Good	Average	Below Average
Leadership				
Self-confidence				
Personality				
Sense of humor				
Concern for others				
Emotional maturity				
Personal initiative				
Reaction to setbacks				
Respectful attitude to Faculty				
Ability to work with others				
General Conduct				

(Please see other side)

**ACADEMIC/CHARACTER REFERENCE (Continued)**

Please list extraordinary health problems: \_\_\_\_\_

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Please list any disabilities which could affect the applicant's performance: \_\_\_\_\_

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Have you any reason to doubt the applicant's integrity? \_\_\_\_\_ If yes, please explain below:

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Has the applicant's home environment been a positive force in his/her development? Please explain:

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If this student were to reapply to your school, would you grant acceptance? \_\_\_\_\_

Please check three of the following, if applicable:

- \_\_\_\_\_ Parents/Guardians meet financial obligations.
- \_\_\_\_\_ Parents/Guardians have difficulty meeting financial obligations.
- \_\_\_\_\_ Parents/Guardians fail to meet financial obligations.
- \_\_\_\_\_ Parents/Guardians support school sponsored activities.
- \_\_\_\_\_ Parents/Guardians are an asset to school environment and/or morale.
- \_\_\_\_\_ Parents/Guardians are a detriment to school environment and/or morale.

Form completed by:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (where you may be reached during the day)

**Please return this form, along with the applicant's most recent report card, directly to the address below. Thank you.**

Principal  
St. Bernardine of Siena School  
6061 Valley Circle Blvd.  
Woodland Hills, CA 91304