

St. Theresa Catholic School

21370 St. Theresa Lane, Ashburn, VA 20147 | phone 703-729-3577

Scholastic Form grades 2-7

Parents, **please sign form first.** Then, ask current teacher to complete and email (or mail) it to St. Theresa Catholic School at rotelld@stsashburn.com



I, _____, ^{Parent's Name} give permission for the release of **this year's most current grades, copies of the last two year's report cards, and the information contained in this form.** I understand that as parents we will not have access to this confidential information and that it will not become part of my child's academic record.

Parent's Signature

Date

Student's Name

Name of Current School

For the Teacher/Administrator:

REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE

The above-named student has applied for placement in our school. In order to have a record of the child's academic achievement, social behavior, and his/her relationship with the teacher and peers, we would appreciate it if you could share the following information. The information sheet does not go into a child's permanent record and the information contained is entirely confidential.

1. Current grade of student: _____

2. Length of time in your school: _____

3. Academics	Outstanding	Satisfactory	Below average	Failing to make necessary progress
Religion (if applicable)				
Reading				
Math				
English				
Social Studies				
Science				
Spelling				
Computer				

4. Habits	Excellent	Good	Fair	Unsatisfactory
General attitude				
Effort				
Relationship w/ teacher				
Relationship with peers				
Shows respect				
Shows initiative				
Takes pride in work				
Attendance				
Cooperation				
Classroom conduct				
Home study habits				
School study habits				
Completes assignments				

5. Discipline issues – comment if applicable: _____

6. Parent Attitude and degree of involvement – please comment: _____

7. Textbook Use:
•Religion Series if applicable _____
•Reading Series and present level of child _____

•Math Series and present level of child _____

•Social Studies Series _____
•Science Series _____

8. Additional Information:
•Has this child ever been tested for learning disabilities, or has this testing been suggested to the parents?
___ Yes ___ No Explain: _____
•Has the child ever been retained? ___ Yes ___ No If yes, grade _____ was repeated.
•Is retention recommended for the current school year?
___ Yes ___ No Explain: _____
•Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect the applicant's progress.

9. Based on work that applicant has completed in your school, please X box for total progress of this student:

Outstanding	Above Average	Average	Low Average	Working Below Grade Level
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10. Please provide any information you feel would be useful. Thank you for your time in completing this form.

Signature—Teacher or Administrator

Print Name—Teacher or Administrator

Date