

# Catholic Schools



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**E**VALUATION FOR HIGH SCHOOL ADMISSION

2019 - 2020

**Parents, Please Submit This Form to The High School Below – Priority Due Date: Dec. 13, 2019**

*Parent(s)/Guardian(s):*

*Please complete the information below and sign. Your signature gives permission to release evaluation information to the high schools. Leave the rest of the form blank and return this to your student's eighth-grade teacher to complete.*

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of School Currently Attending

\_\_\_\_\_  
School's Phone Number

Requests Admission To: \_\_\_\_\_

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**CARDINAL STRITCH HIGH SCHOOL**

3225 Pickle Road  
Oregon, Ohio 43616  
Phone: 419.693.0465  
Fax: 419.697.2816

**ST. FRANCIS DE SALES SCHOOL**

2323 W. Bancroft  
Toledo, Ohio 43607  
Phone: 419.531.1618  
Fax: 419.531.9740

**NOTRE DAME ACADEMY**

3535 Sylvania Ave  
Toledo, Ohio 43623  
Phone: 419.475.9359 x 1280  
Fax: 419.725.1262

**CENTRAL CATHOLIC HIGH SCHOOL**

2550 Cherry Street  
Toledo, Ohio 43608  
Phone: 419.255.2280  
Fax: 419.259.2848

**ST. JOHN'S JESUIT HIGH SCHOOL**

5901 Airport Highway  
Toledo, Ohio 43615  
Phone: 419.865.5743  
Fax: 419.861.5002

**ST. URSULA ACADEMY**

4025 Indian Road  
Toledo, Ohio 43606  
Phone: 419.531.1693  
Fax: 419.534.5777

Dear Eighth-Grade Teacher/Counselor:

The above-named student has applied for admission to one of our Toledo-area Catholic high schools. To assist us in the process of reviewing this student's application, we ask you to please fill out the evaluation contained in this document.

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 for information regarding the student's academic performance and your personal evaluation of this student. This information will assist us in the admissions process to ensure placement in the program best suited for him/her.

We want you to be assured that this information will be kept confidential. This evaluation will be released only to the second-choice school if the first-choice school does not accept the student. Parents have been apprised of this procedure and have signed a release (above) for this information.

It is important for us that we receive your evaluation on or before the Priority Due Date so that we can process your student's application. We thank you for your time, effort, and interest in completing this evaluation.

Sincerely yours in Christ,

*Anthony J. Mass*

High School Consultant

Catholic Schools Office

(419) 244.6711 ext. 4919

I. PERSONAL TRAITS

<i>Characteristics</i>	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Comments</i>
<i>Curiosity</i>					
<i>Dependability</i>					
<i>Integrity</i>					
<i>Leadership</i>					
<i>Maturity</i>					
<i>Reaction to Adversity</i>					
<i>Respect for Others</i>					
<i>Risk Taker</i>					
<i>Self-Confidence</i>					
<i>Self-Motivation</i>					

**II. PERSONAL HABITS**

<i>Skill</i>	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Comments</i>
<i>Ability to follow directions</i>					
<i>Collaboration</i>					
<i>Completion of assignments</i>					
<i>Disciplined work habits</i>					
<i>Persistence</i>					

**III. BEHAVIOR/HEALTH EVALUATION**

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. Does the student have any significant health problems or physical disabilities? Yes No

If yes, what:

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**Attendance**

<i>Grade</i>	<i>Excused</i>	<i>Unexcused</i>	<i>Times Tardy</i>	<i>Comments</i>
<i>7<sup>th</sup> Grade</i>				
<i>8<sup>th</sup> Grade</i>				

**IV. CURRENT GRADES**

<i>Math</i>	<i>Algebra</i>	<i>English</i>	<i>Science</i>	<i>Social Studies</i>	<i>Foreign Language</i>

V. ADDITIONAL ACADEMIC INFORMATION

1. Does this student have a diagnosed learning disability? Yes No  
 If yes, please state the diagnosis: \_\_\_\_\_

2. Is any type of educational accommodation made for this student? Yes No  
 If yes, please state the accommodations or attach copy. \_\_\_\_\_

3. Does the student have an IEP, 504 Plan, or MAP? If yes, please attach copy. Yes No

4. Please select courses that would best meet the academic needs of the student:

- AP/IB/Honors Courses:** Courses that are more challenging than other college prep courses. AP/IB courses are those in which students can earn college credit while in high school.
- College Preparation Courses:** Courses that prepare students to pursue a college degree. The student has the ability to pursue a college diploma.
- General Courses:** These courses are for students interested in preparation for a career which does not require a college degree.

VI. OVERALL EVALUATION

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Comments</i>
<i>As a young person</i>					
<i>As a student</i>					

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

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

Name of Evaluator: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

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

Please send the following documents directly to the high school indicated by the parent.

- Completed Evaluation Form
- Standardized Test Results
- Permanent Record Card/Transcript
- MAP/IEP/504 Accommodations, when applicable