



ST. JOSEPH CATHOLIC SCHOOL

Building Wisdom and Faith Through Service to God

St. Joseph Catholic School Registration Information Report *(To be completed by the applicant's teacher)*

Student Name: _____

	Excellent	Good	Fair	Unsatisfactory
Demonstrates self-control				
Regulates his/her emotions				
Follows directions				
Ability to work and play cooperatively				
Ability to work independently				
Concern for others				
Self Esteem				
Completes tasks				
Small muscle development				
Large muscle development				
Speech/Pronunciation				
Attendance				
Cooperation				
Respect for Authority				

How much academic or personal supervision does the student need?

What do you think are the student's strengths?

What do you think are the student's weaknesses?

➤ Has the applicant been tested for learning disabilities or has the recommendation for testing been made? Yes No

➤ Your overall recommendation:

Highly recommend Recommend Recommend with reservations

➤ Does the applicant have an IEP or 504 Plan? Yes No

➤ What is the applicant's current academic performance at your school?

Outstanding Above Average Average Low Average Below Grade Level

Please describe any learning needs (physical, emotional, mental, language barriers, or family situation) which may affect the applicant's progress:

Teacher Signature: _____ Date: _____

Name of School: _____ Phone #: _____

Should we have follow-up questions, may we contact the teacher by phone? _____

