



ECOLE NOTRE DAME DES VICTOIRES

Grades 1-⁷ Student Evaluation Form

Date: _____

TO BE FILLED OUT BY PARENT

Name of Applicant _____
Last First Middle

Date of Birth _____ Applying for grade: _____
Month Day Year

I hereby give permission to release the information on this form concerning my child, (named above) to Notre Dame des Victoires School.

I, the parent, understand that I will not have access to this confidential information.

Parent's Signature

TO BE FILLED OUT BY STUDENT'S PRESENT SCHOOL AND MAILED BACK TO NDV

The above named student has applied for admission to Ecole Notre Dame des Victoires. We would appreciate it if the student's current teacher would take a few minutes to complete this form and return it to the office of NDV School. Thank you!

Name of school: _____

School address: _____

School phone: _____

Student's current grade: _____ Current grade class size: _____

How long have you known this student? _____

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Grades 1⁷ & 8 Student Evaluation Form

Student's Name: _____ Grade _____ Date: _____

Please reflect student's progress by placing an "x" in the appropriate box.

Conduct	Excellent	Satisfactory	Needs Improvement
Demonstrates courteous behavior			
Displays cooperative attitude			
Works effectively in groups			
Respects authority			
Respects rights and feelings of others			
Respects property			
Accepts responsibility			
Demonstrates self-control			
Follows classroom / school rules			
Follows playground rules			

Effort / Work Habits	Excellent	Satisfactory	Needs Improvement
Seeks help appropriately			
Works to ability			
Works independently			
Completes tasks on time			
Demonstrates neatness			
Completes and returns homework			
Participates in class			
Brings needed materials to class			

Family Information	Excellent	Satisfactory	Needs Improvement
Is on time for drop-off and pick up			
Follows the rules and policies of the school			
Follows through with school recommendations			
Participates in school activities			
Cooperates with school administration			
Cooperates with classroom teachers			
Has realistic expectations for their child			
Communicates openly with school			

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Grades 1-⁷8 Student Evaluation Form

Student's Name: _____ Grade _____ Date: _____

Please share with us the student's strengths: _____

Please share with us the student's challenges: _____

Professional Educational Learning Assessment: Yes / No (*please circle one*) If yes, date _____

- Specific Recommendation:** _____ Highly Recommended
_____ Recommended
_____ Recommended with reservations (*please explain*)
_____ Prefer not to make recommendation (*please explain*)

Evaluation completed by _____

Position _____ Date _____

Contact Phone _____ Contact Email _____

Thank you for taking time to assist us in our admission process.