

# St. John Vianney Catholic School

6200 South Orange Blossom Trail  
Orlando, Florida 32809  
407- 855-4660 Office ♦ 407-857-7932 Fax

## Request for Student Information and Evaluation (Grades 1-8)



**I give permission for this form to be completed and returned to St. John Vianney School.**

\_\_\_\_\_  
Signature of Parent/Guardian for Authorization

\_\_\_\_\_  
Home/Work Phone Number – (please indicate)

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**School currently attending** \_\_\_\_\_

**Teacher's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

*Please return completed form by mail or fax.*

| Please grade following areas: | EXCELLENT                | GOOD                     | FAIR                     | UNSATISFACTORY           |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>READING</b>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ENGLISH</b>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>MATH</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SCIENCE</b>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SOCIAL STUDIES</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General effort                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Classroom conduct             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with peers       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home study habits             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with teachers    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School study habits           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Discipline - Please comment: \_\_\_\_\_

Most recent Achievement Test: \_\_\_\_\_ Date \_\_\_\_\_

Results (Attach copy if available) \_\_\_\_\_

Has it ever been recommended that the student be tested for any of the following:

- Gifted Program       Speech/Language Program       Learning  
 ADD/ADHD       Other \_\_\_\_\_

Was the testing completed? YES  NO  Results of testing: \_\_\_\_\_

Please describe any conditions (physical, emotional, language, family, etc.) of which the school should be aware of in dealing with this student. \_\_\_\_\_

\_\_\_\_\_