



Student Full Name _____

Rising Grade Level _____

To the Parent/Guardian:

Please submit this form to your child's current teacher allowing time for completion. This form should be returned directly to Providence **by the teacher**.

If your child is currently homeschooled, please complete the student sections as honestly as possible.

To the Current Teacher:

Please assess the above named student as compared with his/her peers. We appreciate your time and effort in completing this evaluation. Please return this form directly to Providence (not to the student/parent).

The Student Evaluation Form may be scanned and emailed to admissions@providencewilmington.com or mailed to the address below:

*Providence Preparatory Academy
Attn: Providence Admissions
2730 Northchase Parkway SE
Wilmington, NC 28405*

Date _____

Teacher Name _____

Teacher Email _____

Teacher Signature _____

School Name _____

School Address _____

School Phone Number _____



Please use the following section to rate the **parents** (skip if child is homeschooled):

Parents	Poor 1	2	3	4	Excellent 5	No Basis N/A
Engagement in the educational process						
Support of the school/teacher						
Support of the student						
Communicates respectfully						
Volunteer activity in the classroom/at school						
Sets realistic expectations of the student						

Please use the following sections to rate the **student**:

What are the first words that come to mind to describe this student?
Has the curriculum been adjusted or modified to suit the needs of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how?
To your knowledge, has this student ever received or been considered for testing for: <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Language Processing <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Emotional Difficulties <input type="checkbox"/> Other:
Have <i>you</i> ever considered referring this student for testing for: <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Language Processing <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Emotional Difficulties <input type="checkbox"/> Other:
Does the student have a current IEP/504? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student need ongoing disciplinary action within the classroom (conflicts, blurting out, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please describe:
Has the student ever been referred to a counselor or the administration for disciplinary issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:



Work Habits	Poor 1	2	3	4	Excellent 5	No Basis N/A
Organization and efficiency						
Preparedness						
Ability to Work Independently						
Ability to Work with Others						
Pattern of Completing Work on Time						
Organization/Care of Materials						
Turns in Homework in a Timely Manner						
Prediction of Success at Next Grade Level						
Integrity	Poor 1	2	3	4	Excellent 5	No Basis N/A
Reliability and Trustworthiness						
Dependability						
Reading Ability and Comprehension	Poor 1	2	3	4	Excellent 5	No Basis N/A
Ability to read material at grade level						
Enthusiasm for reading						
Ability to read without prodding or pressuring						
Ability to decode unknown words						
Knowledge of appropriate sight words						
Ability to understand what was read						
Ability to use context clues to understand reading						
Writing Ability	Poor 1	2	3	4	Excellent 5	No Basis N/A
Ability to express ideas in writing						
Ability to present adequate and readable prose						
Ability to use correct spelling and punctuation						
Handwriting						
Mathematical Ability	Poor 1	2	3	4	Excellent 5	No Basis N/A
Ability to understand ideas rather than just memorize						
Ability to recognize relationships in verbal problems						
Attitude toward math						
Ability to learn mathematical facts						
Retaining of mathematical facts						
Please describe the teaching format for mathematics:						
_____ Whole class instruction						
_____ Whole class instruction with concept skill groups						
_____ Small groups						
_____ Other (please describe):						



Please select the statement that best describes the student's **Intellectual Curiosity**:

- Interested in many areas
- Interested in one or two areas
- Needs to be highly motivated to engage in academic areas

Please select the statement (or statements) that best describe the student's **Personality**:

- Outgoing and eager
- Friendly but quiet and modest
- Somewhat shy
- Lethargic/sluggish
- Sour and negative
- Shares with others

Please select the statement (or statements) that best describe the student's **Sense of Humor**:

- Wholesome and refreshing
- Laughs but not at inappropriate times
- Responsive but shy
- Cynical or unwholesome

Please select the statement (or statements) that best describe the student's **Sensitivity**:

- Goes out of the way to help others
- Is respectful of others' rights
- Seems unaware of others' rights
- Self-centered
- Often misses social cues

Please select the statement (or statements) that best describe the student's **Emotional Stability**:

- Stable and well-adjusted
- Well-liked by classmates
- Usually stable with good disposition
- Shows marked variations in mood swings
- Withdrawn
- Can be impulsive showing lack of control
- Easily frustrated
- Unstable

Additional Comments

Please provide clarifications or additional comments that may help us better understand the student or family