



*Holy Redeemer*  
**CATHOLIC SCHOOL**

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

**TO BE COMPLETED BY AUTHORIZED SCHOOL PERSONNEL**

**Please grade the following areas by:** *E = Excellent G=Good F=Fair U=Unsatisfactory*

|                           |       |                        |       |
|---------------------------|-------|------------------------|-------|
| General Attitude          | _____ | Cooperation            | _____ |
| Effort                    | _____ | Classroom Conduct      | _____ |
| Relationship with teacher | _____ | Relationship with peer | _____ |
| School study habits       | _____ | Home study habits      | _____ |
| Discipline                | _____ |                        |       |

**Please grade the following areas by:**

*1= Outstanding progress 2= Satisfactory progress 3 = Below average progress 4 = Failing to make necessary progress*

|                |       |            |       |         |       |
|----------------|-------|------------|-------|---------|-------|
| Reading        | _____ | Math       | _____ | Science | _____ |
| Social Studies | _____ | Lang. Arts | _____ |         |       |

**Has it ever been recommended that the student be tested for:**

|                       |  |                        |  |
|-----------------------|--|------------------------|--|
| Gifted program        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Was testing completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADHD                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Was testing completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Learning disabilities | <input type="checkbox"/> Yes <input type="checkbox"/> No | Was testing completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Speech/Lang. prog.    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Was testing completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Results of testing:* \_\_\_\_\_

(Please attach copy of document)

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

\_\_\_\_\_