



Santiago Christian School
2015-16
Teacher Assessment
Grades 2 - 12

Name of Applicant: _____ **Applying for Grade:** _____

The above named student has applied for admissions to Santiago Christian School. Please complete the form below and return it directly to the school by mail or fax. Check one rating for each area. Thank you for your assistance.

If you wish to discuss this student personally rather than completing this form, please check here, sign this form and note your telephone number, and the principal will contact you.

Areas to Evaluate	Poor	Average	Good	Excellent
Academic Ability				
Academic Performance				
Motivation				
Behavior/Conduct				
Relates to Peers				
Response to Adult Authority				

How long have you known this student? _____

Does the student have significant limitations (physical, social or emotional)? Yes No

If yes, please explain: _____

Is the student in good standing and eligible to return next year? Yes No

If no, why? _____

Has there been a need for administrative involvement in disciplinary action with this student? Yes No

If yes, please explain: _____

How would you rate the parent(s) involvement?

No communication with them Disinterested Rarely supportive Usually supportive Very supportive

Please write or type a brief description of the student's academic and behavioral abilities and performance.

Print your name: _____ School name: _____

Signature and Position: _____ Date: _____

Please return to:
Sonia Burnett, Admissions
809-570-6145 (fax)
admissions@scs.edu.do