



**ST. THOMAS AQUINAS**  
CATHOLIC SCHOOL



Applicant's Full Name (Last, First and Middle): \_\_\_\_\_

Current \_\_\_\_\_ Applying \_\_\_\_\_  
Grade: \_\_\_\_\_ To Grade: \_\_\_\_\_

**Confidential Teacher Evaluation  
Grades 3-5**

**To The Applicant Family:**

Please submit this form to your **current teacher**, allowing time for completion and return by the application deadline.

I waive my right of access and that of my child to this teacher evaluation form. X \_\_\_\_\_  
*Parent / Guardian Signature*

**To The Current Teacher:**

The student above is applying for admission to St. Thomas Aquinas Catholic School. As part of the admissions process, please assess the student as compared with his or her peers. We appreciate your time and effort in completing this evaluation. Be assured that all of the information you provide will be held in strict confidence. Please keep a copy and mail the original directly to:

**St. Thomas Aquinas, 3741 Abrams Rd., Dallas, Texas 75214, Attn: Admissions.**

	Below Expectations				Exceptional	
	1	2	3	4	5	No Basis
<b>Personal Characteristics</b>						
Peer relations						
Relationship with adults						
Assumption of responsibility						
Self-control						
Citizenship/conduct						
Management of conflict/criticism						
Emotional maturity						
Is English his or her primary language?	Yes	No				
<b>School Performance</b>						
Language Arts						
Reading skills						
Writing skills						
Oral communication skills						
Mathematics						
Computation skills						
Concepts / Problem solving skills						
Academic promise						
Academic achievement						
Motivation						
Has outside help been recommended?	Yes	No				
Has outside help been given?	Yes	No				
<b>Study Habits</b>						
Ability to work independently						
Ability to work with others						
Pattern of completing work on time						
Attention span						
Organization/care of materials						
Work ethic						
<b>Health and Attendance Record</b>						
General Health						
Attendance						
Tardiness						

