



Child's Name _____

This child has applied for admission to St. Gregory School. Please complete and mail the following evaluation to: St. Gregory School, Attn: Admissions, 2701 Hacienda St., San Mateo, CA. 94403-2425.

How long have you known this child? _____

Length of school day: _____

Date of entry into your program: _____

Number of days per week: _____

Please circle the appropriate rating for each of the following:

3 = most of the time	2 = sometimes	1 = not often	
Verbalizes own feelings	1	2	3
Works & plays cooperatively	1	2	3
Participates with others in group activities	1	2	3
Ability to share and work cooperatively	1	2	3
Ability to wait turn	1	2	3
Shows self control	1	2	3
Demonstrates self-help skills (clothes, bathroom, lunch)	1	2	3
Adjusts easily to new situations	1	2	3
Willing to try new tasks	1	2	3
Follows directions	1	2	3
Observes rules	1	2	3
Listens attentively during class time	1	2	3
Speaks clearly	1	2	3
Expresses ideas in sentences	1	2	3
Asks questions, seeks help when needed	1	2	3
Concentrates on task given	1	2	3
Ability to stay on discussion topic	1	2	3
Interacts with peers	1	2	3
Respects their own property	1	2	3
Accepts responsibility for actions	1	2	3
Transitions easily	1	2	3
Works independently	1	2	3
Resolves conflicts	1	2	3
Usually takes role of:	Leader	Follower	Varies

RECOMMENDATION: Recommend Recommend with reservations Prefer not to make a recommendation
(Please explain below) (Please explain below)

(Continue on the back if necessary)

Check here if any information pertaining to his child/family would be better communicated by phone:

Name: _____ Position: _____

School _____ Phone: _____

Signature: _____ Date: _____