WILMINGTON CHRISTIAN SCHOOL

Student Evaluation - Elementary

To help us assess student placement at WCS, please complete this form and return it to our Admissions Office.

STUDENT

Last Name	First	Grade	Date

EVALUATOR

Evaluator Name	Title	Phone

School Name	Street Address	City, State, Zip

How well and for how long have you known this student? _____

_____

Evaluator - In addition to this report, please send copies of report cards, transcript, & standardized tests to the WCS address below.

EVALUATION

1 = Fair 2 = Average 3 = Good 4 = Excellent 5 = Unable to Assess

Please rate each category below.

	1	2	3	4	5
Academic Performance	☐	☐	☐	☐	☐
Study Habits	☐	☐	☐	☐	☐
Classroom Conduct	☐	☐	☐	☐	☐
Works Independently	☐	☐	☐	☐	☐
Reading Skills	☐	☐	☐	☐	☐
Math Skills	☐	☐	☐	☐	☐

	1	2	3	4	5
Effort & Perseverance	☐	☐	☐	☐	☐
Consideration of Others	☐	☐	☐	☐	☐
Intellectual Curiosity	☐	☐	☐	☐	☐
Follows Directions	☐	☐	☐	☐	☐
Writing Ability	☐	☐	☐	☐	☐

Please discuss at least two strengths that this student consistently exhibited at your school.

_____

_____

Share any academic, behavioral, emotional, or social observations you feel would help us evaluate this student.

_____

_____

RELEASE

I grant permission to release this information to:

Wilmington Christian School
Admissions Office
825 Loveville Road
Hockessin, DE 19707

_____ _____

Parent / Guardian Signature Date

Revised 1/1/06