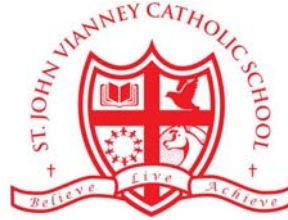


# St. John Vianney Catholic School

6200 South Orange Blossom Trail  
Orlando, Florida 32809  
407- 855-4660 Office ♦ 407-857-7932 Fax

## Request for Student Information and Evaluation



*A Nationally Recognized Blue Ribbon School*

**I give permission for this form to be completed and returned to St. John Vianney School.**

\_\_\_\_\_  
Signature of Parent/Guardian for Authorization

\_\_\_\_\_  
Home/Work Phone Number – (please indicate)

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**School currently attending** \_\_\_\_\_

**Teacher's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

Please grade following areas:

	EXCELLENT	GOOD	FAIR	UNSATISFACTORY
<b>READING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ENGLISH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MATH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SCIENCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOCIAL STUDIES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discipline - Please comment: \_\_\_\_\_

Most recent Achievement Test: \_\_\_\_\_ Date \_\_\_\_\_

Results (Attach copy if available) \_\_\_\_\_

Has it ever been recommended that the student be tested for any of the following:

Gifted Program       Speech/Language Program       Learning  
 ADD/ADHD       Other \_\_\_\_\_

Was the testing completed? YES  NO  Results of testing: \_\_\_\_\_

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