



Siena Catholic Schools of Racine, Inc.

1220 Villa St. Racine, WI 53403 (262) 812-0155

Deadline: Thursday, March 1, 2024

Child's Name: _____ DOB: _____ Grade Apply: _____

TEACHER EVALUATION REPORT for admission to Grades 6-12

Parent/Guardian: As part of the admissions process to Siena Catholic Schools, we request an evaluation from the applicant's current teacher. This form must be submitted in order to complete the application process. All evaluations are confidential and must be returned directly to the Admissions Office from the current school.

Teacher: It is very important that this applicant's next school placement be the most appropriate one for both the student and his / her family. We appreciate you taking the time to give us an evaluation of this student's emotional, social and academic readiness for our program. Your observations will be held in the strictest of confidence and do not become part of the student's permanent record.

**The completed form should be emailed to admissions@sienacatholicschools.org.
Do not return the form to the family.**

How long have you known this applicant? _____ years _____ months

What three words come to mind when describing this child?

For each item below, please check the best description of this child.

Personal Characteristics	Needs Improvement	Emerging	Noticeably Developing	Age-Appropriate Consistent	Advanced
Motivation / effort					
Ability to work in a group					
Ability to work independently					
Class conduct					
Respect for teachers					
Relationship with peers					
Demonstrates self-control					
Stays on Task					
Maturity					
Seeks advice / help when needed					

Comments: _____

For each item below, please check the best description of this child.

Academic Performance	Needs Improvement	Emerging	Noticeably Developing	Age-Appropriate Consistent	Advanced
Academic performance					
Participation in discussions					
Ability to express ideas orally					
Ability to express ideas in writing					
Follow directions					
Prepared for class					
Attention span					
Uses time wisely					
Seeks help when needed					

Comments: _____

For each item below, please check the most appropriate box.

Family Information	Needs Improvement	Average	Good	Very Good	Excellent
Has realistic expectations for child					
Communicates openly with school					
Follows rules and policies					
Cooperates with teachers					
Follows through with school recommendations					
Participates in school activities					

Comments: _____

____ Check here if any information pertaining to this applicant / family would be better communicated by phone.

Form completed by (print name): _____ Teacher of: _____

Signature: _____ Date: _____

School Name: _____ School Phone: _____

Please return this form directly to:

**Siena Catholic Schools of Racine, Inc.
Admissions Department
1220 Villa St.
Racine, WI 53403**

Or by email: admissions@sienacatholicschools.org

Do not return completed form to the family.

For Siena Admissions Office use only:

Date received: _____ Received by: _____