

CONSENT FOR RELEASE OF INFORMATION

Parent(s)/Legal Guardian(s): Please submit the Confidential Administrator Report and Teacher's Evaluation form to the school office where your child attends.

I (We), _____, Parent(s) or legal guardian(s) of
(Print Parent's Name)
_____, hereby grant permission to
(Print Student's Name)
_____, to release copies of my child's
(Print Name of School)

educational records to Cathedral Catholic Academy.

(Signature of parent(s)/legal guardian(s))

Address

City,

State

Zip Code

Telephone

Date

TEACHER EVALUATION

Name: _____ Applicant for Grade: _____
Last First MI

Please check () the appropriate ratings below:

Scholastic Ability:	(<input type="checkbox"/>) Hard to cope	(<input type="checkbox"/>) Satisfactory	(<input type="checkbox"/>) Good	(<input type="checkbox"/>) Outstanding
Effort:	(<input type="checkbox"/>) Needs Improvement	(<input type="checkbox"/>) Satisfactory	(<input type="checkbox"/>) Good	(<input type="checkbox"/>) Outstanding
Conduct:	(<input type="checkbox"/>) Needs Improvement	(<input type="checkbox"/>) Satisfactory	(<input type="checkbox"/>) Good	(<input type="checkbox"/>) Outstanding

Peer Relationships:	(<input type="checkbox"/>) Relates Poorly	(<input type="checkbox"/>) Usually gets along	(<input type="checkbox"/>) Gets along very well
Homework:	(<input type="checkbox"/>) Seldom completes	(<input type="checkbox"/>) Sometimes misses assignments	(<input type="checkbox"/>) Completes assignments
Independent Work:	(<input type="checkbox"/>) Needs much	(<input type="checkbox"/>) Satisfactory	(<input type="checkbox"/>) Works well

Comments:

Teacher's Signature: _____ **Grade:** _____

School: _____ **Date:** _____