



ARCHDIOCESE OF BALTIMORE REFERRAL FORM



Please send this completed two-page form, along with a copy of the student's academic record and standardized testing (Grades 2-6), to the Sacred Heart School of Glyndon no later than **February 28, 2022**. INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL and not become part of the applicant's permanent file.

Student's Full Name _____

Current School _____

Home Address _____

Telephone _____ Parent/Caregiver Alt. Telephone _____

Parish _____ Parent/Caregiver Email _____

STUDENT EVALUATION

What three words would you use to describe this child? _____

Math textbook(s) used this year _____

ACADEMIC ABILITY

Outstanding Above Average Average Below Average

Verbal Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Grasp New Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's academic strengths and areas of growth.

CLASSROOM PERFORMANCE

Outstanding Above Average Average Below Average

Classroom Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Written Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's learning style, noting any discrepancies between academic ability and classroom performance.

PERSONAL ABILITIES

Outstanding Above Average Average Below Average

Maturity for Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity for Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's social and emotional development.

Student's Name _____ School _____

SCHOOL BEHAVIOR

Outstanding

Above Average

Average

Below Average

Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in a Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Seek Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any noteworthy aspect of the child's school behavior.

STUDENT EVALUATION

Please provide any information about special academic needs.

Please note any special attributes of this student that would help us better understand him/her (e.g., community service; English as a second language; special talent in arts or athletics; etc.)

Are there any special family circumstances that may have impacted the student's academic performance or behavior?

Please describe the parents'/caregivers' involvement in the student's education and/or school.

PRINCIPAL'S RECOMMENDATION (please check one)

- One of the Top Students I Have Encountered Recommend Highly Recommend Confidently
 Recommend Cannot Recommend Wish to provide more information

Name (please print) _____

Contact Telephone _____ Email _____

Has the family met all financial obligations to the school? Yes No

Is there any information about this child that would better be communicated by telephone? Yes No

Check here to have an Admissions Officer contact you directly

Principal's Signature _____

Date of Signature _____