



## Student Evaluation Release Form for Academy Entrance

Date: \_\_\_\_\_

Name of Elementary School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Dear Parent:

Please sign this release form and give it to your son's present school so that we may receive information needed for admission to **U OF D JESUIT ACADEMY**.

This information release form will allow the elementary school to send information to the requesting school, U of D Jesuit, so that your son may be considered for entry.

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby consent to the completion of the EVALUATION requested by **U OF D JESUIT ACADEMY**.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR ELEMENTARY PRINCIPAL OR COUNSELOR ONLY

The above named student has taken the Academy Entrance Exam to enter U of D Jesuit Academy.

In order for us to effectively evaluate his candidacy, we need additional information. A Counselor or current teacher of the student should complete the Student Evaluation Sheet.

Important: We ask that the completed EVALUATION (NOT THE PERMANENT RECORD) be mailed to us as soon as possible.

\_\_\_\_\_  
Name of the Counselor or Teacher

Mail Student Evaluation to:

**U of D Jesuit High School and Academy  
Office of Admissions  
8400 S. Cambridge  
Detroit, MI 48221**

**Note: Student Evaluation Sheets should only be submitted to U of D Jesuit.**

Based on your school’s curriculum, please evaluate the student in the following areas:

Reading

Present Academic Level:

Advanced\_\_\_\_\_ Regular \_\_\_\_\_  
Basic \_\_\_\_\_ Remedial \_\_\_\_\_

	Above Level	At Level	Below Level
Reading	_____	_____	_____
Comprehension	_____	_____	_____

Remedial Reading recommended: ☐ Yes ☐ No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Language Arts

Present Academic Level:

Advanced\_\_\_\_\_ Regular \_\_\_\_\_  
Basic \_\_\_\_\_ Remedial \_\_\_\_\_

	Above Level	At Level	Below Level
Grammar/Usage	_____	_____	_____
Composition	_____	_____	_____
Spelling	_____	_____	_____
Oral Expression	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_

Mathematics

Present Academic Level:

Advanced\_\_\_\_\_ Regular \_\_\_\_\_  
Basic \_\_\_\_\_ Remedial \_\_\_\_\_

	Above Level	At Level	Below Level
Computation	_____	_____	_____
Decimals/Fractions	_____	_____	_____
Problem Solving	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Science

Present Academic Level:

Advanced\_\_\_\_\_ Regular \_\_\_\_\_  
Basic \_\_\_\_\_ Remedial \_\_\_\_\_

	Above Level	At Level	Below Level
Reading	_____	_____	_____
Comprehension	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foreign Language

Present Academic Level:

Advanced\_\_\_\_\_ Regular \_\_\_\_\_  
Basic \_\_\_\_\_ Remedial \_\_\_\_\_

	Above Level	At Level	Below Level
Grammar/Usage	_____	_____	_____
Composition	_____	_____	_____
Spelling	_____	_____	_____
Oral Expression	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_

Social Studies

Present Academic Level:

Advanced\_\_\_\_\_ Regular \_\_\_\_\_  
Basic \_\_\_\_\_ Remedial \_\_\_\_\_

	Above Level	At Level	Below Level
Reading	_____	_____	_____
Comprehension	_____	_____	_____
Composition	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal

*Responses to this section are for information only and will not prevent acceptance.*

To your knowledge, does this student

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| - take any medication for Attention Deficit Disorder?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - exhibit emotional, behavioral, study or learning problems of any kind?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - have a vision or hearing impairment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - receive any special services from the school district for speech, hearing or learning problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - have any learning difficulties?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observable Behavior	Excellent	Satisfactory	Unsatisfactory
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_

Attendance	Excellent	Satisfactory	Unsatisfactory
Attendance record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_

	Excellent	Satisfactory	Unsatisfactory
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_

If unsatisfactory in any category above, please explain why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This student has an outstanding talent in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Test Scores

Insert percentiles or grade levels from most recent standard test, other than Placement test, or affix label.

<i>Reading:</i>	Vocabulary	_____	Date Tested: _____
	Comprehension	_____	
<i>Language Arts:</i>	Mechanics	_____	
	Usage	_____	
<i>Mathematics:</i>	Concepts	_____	
	Problems	_____	
	Computation	_____	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Recommendation

In terms of this student's ability,

**I recommend him as** Top 10% of class \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

\_\_\_\_\_ **I recommend him, but with the following reservations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **I withhold recommendation** until after conference with Patrick J. Donnelly, Director of Admissions at U of D Jesuit (313) 927-2309 or Patrick.Donnelly@uofdjesuit.org.

To your knowledge, does this student come from a home where a language other than English is spoken?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language? \_\_\_\_\_

Are you the student's

Principal	_____
Eighth Grade Teacher	_____
Counselor	_____
Other	_____

***Thank you very much for your cooperation. Be assured that all information given will be treated in strict confidence in accordance with the Family Rights and Privacy Act.***

Signature \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_