



**MISSION BASILICA SCHOOL**  
**Confidential Student Evaluation**

Student Name: \_\_\_\_\_  
Grade to Enter: \_\_\_\_\_

Date: \_\_\_\_\_  
School Year: \_\_\_\_\_

Compared to other students whom you have taught, please check how you would rate this candidate within the context of AGE/GRADE. Please use (+) or (-) if applicable.

	<b>Exceeds Age Expectations</b>	<b>Age Appropriate</b>	<b>Below Average</b>	<b>Cannot Assess</b>
Attention				
Concentration				
Creativity				
Independence				
Productivity				
Cooperation				
Behavior				
Organization				
Task Completion				
Self-Confidence				
Participation				
Interaction with Peers				
Listening				
Reading				
Writing Mechanics				
Math				
Asks Appropriate Questions				

*Over Please*

If appropriate and observed, please comment on the following:

1. Academic strengths and weaknesses: effort, curiosity, motivation, achievement, class participation.
  
2. Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility.
  
3. Social skills: cooperation with peers, interaction with adults, respect for rules and routines, awareness of social cues, extrovert, introvert, nervous.
  
4. Emotional maturity: self-confidence, respect for limits and boundaries, ability to make transitions, response to frustration.
  
5. Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor.
  
6. Do you recommend this student for admission to Mission Basilica School? Please circle:

No: I do not recommend admission.

Yes: I recommend admission.

Yes: I recommend admission with condition/provision as stated in above evaluation.

---

*Signature of Evaluator*

---

*Position*

---

*Date*

Evaluator, please mail to: Mission Basilica School – Admissions  
31641 El Camino Real  
San Juan Capistrano, CA 92675