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ARCHDIOCESE OF LOS ANGELES

Confidential Common Evaluation Form

For Students Applying to Damien High School

THIS SECTION IS COMPLETED BY A PARENT OF THE STUDENT APPLICANT

PARENTAL PERMISSION FOR RELEASE OF INFORMATION: I hereby give my permission for the elementary/middle school to send student information to the requested Catholic high school. I waive my right to view these records.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

PARENT/LEGAL GUARDIAN PRINTED NAME: _____ **DATE:** _____

NAME OF APPLICANT: _____
LAST **FIRST** **MIDDLE**

HOME ADDRESS: _____
STREET **CITY** **STATE** **ZIP**

EMAIL ADDRESS: _____ **HOME PHONE:** (_____) _____ -_____

SCHOOL NOW ATTENDING: _____
NAME OF SCHOOL **CITY**

DATE ENTERED CURRENT SCHOOL (Month/Year) _____

TO THE RECOMMENDER (ENGLISH INSTRUCTOR):

This form is to be completed by an English instructor and returned directly to each high school. This CONFIDENTIAL evaluation will be used only by persons on the Admissions Committee and will **not** become part of the student's cumulative folder. Therefore, this form will **not** be open to general review and will not be forwarded to any other school or institution. Your carefully considered judgment will have a strong and direct bearing on this student's acceptance. Please provide information which you think should influence our decision, i.e. gifts, talents, abilities in/outside of the classroom, and/or any challenges or difficulties the student might have faced. We appreciate your honesty and your effort.

PRINTED NAME OF PERSON COMPLETING EVALUATION: _____

EMAIL ADDRESS OF PERSON COMPLETING EVALUATION: _____

SIGNATURE (REQUIRED): _____ **DATE:** _____

SCHOOL: _____ **PHONE:** _____

SCHOOL ADDRESS: _____
STREET **CITY** **ZIP CODE**

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NAME OF APPLICANT: _____

LAST **FIRST** **MIDDLE**

CONFIDENTIAL COMMON EVALUATION FORM:

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO RESPOND
MOTIVATION	☐	☐	☐	☐	☐
SENSE OF RESPONSIBILITY	☐	☐	☐	☐	☐
PERSONAL RELATIONSHIPS	☐	☐	☐	☐	☐
INITIATIVE AND LEADERSHIP	☐	☐	☐	☐	☐
COOPERATION/EFFORT	☐	☐	☐	☐	☐
GENERAL CONDUCT/BEHAVIOR	☐	☐	☐	☐	☐
WORK AND STUDY HABITS	☐	☐	☐	☐	☐
INTEGRITY	☐	☐	☐	☐	☐
DEMONSTRATION OF FAITH	☐	☐	☐	☐	☐

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN EVALUATING THIS STUDENT:

RECOMMENDATIONS:

	STRONGLY RECOMMEND	RECOMMEND	RECOMMEND WITH RESERVATIONS	DO NOT RECOMMEND (PLEASE EXPLAIN ABOVE)	SPECIAL CIRCUMSTANCE (PLEASE EXPLAIN ABOVE)
ACADEMICALLY	☐	☐	☐	☐	☐
OBSERVED CHARACTER	☐	☐	☐	☐	☐
OVERALL	☐	☐	☐	☐	☐

PLEASE RETURN THIS FORM DIRECTLY TO:

DAMIEN HIGH SCHOOL
ATTN: ADMISSIONS COORDINATOR
2280 DAMIEN AVE.
LA VERNE, CA 91750