



East Lake Academy
 13911 W Laurel Drive
 Lake Forest, Illinois 60045
 Ph: (847) 247-0035 Fax: (847) 247-1937
www.eastlakeacademy.org

Student Evaluation Form
 Second through Eighth Grades

Parents, please submit this form to your child's current teacher with a stamped, addressed envelope.

Date: _____

Student Name: _____ Current Grade: _____

I give _____ my permission to answer the following questionnaire with regard to my child.

Parent's Signature

School Name

Street Address

City/State/Zip

School Telephone Number

School Currently/Formerly Attending:

TO: PRINCIPAL or TEACHER
 The student named above has applied for admission into the _____ grade at East Lake Academy for the academic year _____. Your help is requested in supplying as much of the information below as possible so that we can better meet the needs of this student.

Length of time at this school: _____
 Does student have a satisfactory attendance record? ____ Yes ____ No

Please grade the following areas with a check mark:

	Excellent	Good	Average	Poor
General Attitude	_____	_____	_____	_____
Effort	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Relationship with Teacher	_____	_____	_____	_____
Relationship with Peers	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____
Intellectual Development	_____	_____	_____	_____
General Health	_____	_____	_____	_____
Motor Control	_____	_____	_____	_____
Study Habits	_____	_____	_____	_____
Maturity Age Level of Child	_____ Advanced	_____ Average	_____ Early	

Reading Series and present level of child – Please Explain:

Math Series and present level of child – Please Explain:

Phonics Series (type of program) **and present level of child** – Please Explain:

Please describe any disabilities (physical, emotional, mental, language barriers, family situations), which affect this student's progress:

Classroom Conduct: Discipline – Please Comment:

Please comment on Behavior/Attitude, Work/Study Habits, and Peer Relationships:

Has the student ever been a recipient of a Special Services Program, i.e., a Learning Disability Resource Center, a Developmental Reading, English, or Math Program, or a Behavior Disorder Program? If so, please explain:

Has the student ever been so advised to participate in such a program? Yes No

Parent attitude and degree of involvement – Please Comment:

Thank you for your time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decision. Please sign and send this completed form, transcript, and school to East Lake Academy. Please indicate the best date and time for us to contact the applicant's teacher.

_____ <i>Signature of Teacher</i>	_____ <i>Date</i>	_____ <i>Best Date/Time To Be Contacted</i>	_____ <i>Telephone Number</i>
_____ <i>Signature of Principal</i>	_____ <i>Date</i>	_____ <i>Best Date/Time To Be Contacted</i>	_____ <i>Telephone Number</i>

Has this family completed all of their financial commitments? Yes No
Has this family met their financial commitments in timely manner? Yes No