



STUDENT PROFILE: To be completed by the current teacher, signed and returned to the St. James via address above.

APPLICANT: _____ SCHOOL: _____

1. Please rate this student in the following areas by comparing him or her to all other students you have taught at this grade level.

	Excellent	Above Avg.	Average	Below Avg.	Not Observed
Verbal Skills					
Written Skills					
Reading Comprehension					
Spelling Skills					
Math Computation					
Math Word Problems					
Respect to Adults					
Respect to Peers					
Motivation/Perseverance					
Response to Criticism					
Independence					
Organizational Skills					
Attentiveness					

2. a. Does this student have an IEP? _____Yes _____No
 b. Does this student have a 504 Plan? _____Yes _____No

If the answer to 2a or 2b is 'yes', please indicate the nature of this student's learning problem on the reverse side of this form.

3. Please write an appraisal of this student on the reverse side of this form.
 4. Please forward this form and a copy of the student's transcript to the address above.

DATE _____ SIGNATURE _____ TITLE _____

RELEASE (must be completed by parent)

I give permission to _____ to provide the records of

CURRENT SCHOOL

_____ to St. James School.

STUDENT NAME

DATE _____ SIGNATURE _____

