



Archdiocese of Miami - Virtual Catholic School

15600 NW 32nd Ave. ♦ Miami, FL 33054
Phone: 305-508-5556 ♦ Fax: 305-521-0185 ♦ Web: www.adomvirtual.com



SCHOOL EVALUATION FORM

Name of Applicant:	
School:	

TO THE PRINCIPAL or COUNSELOR: The above named applicant has applied for admission to Archdiocese of Miami Virtual Catholic School. Our school has a demanding academic curriculum and expects each student to demonstrate good citizenship and effort. These factors should be considered in your evaluation of this student. Your opinions are an important part of this students' application profile. Thank you for your time and candid responses on behalf of this student. This form will only be used in the admissions process. Please compare this student to other members of his/her class.

EVALUATION: Your estimate of the applicant will be invaluable assistance to our admissions office. Please rate this applicant in the following areas by checking the appropriate box.

Areas	Excellent	Above Average	Average	Below Average	Not Observed
Academic Ability					
Sense of Responsibility					
Integrity					
Conduct					
Extra-curricular Activities					
Attendance:	<input type="checkbox"/> Perfect <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excessive Absences				
Do parents support school policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you recommend this student for admission?	<input type="checkbox"/> Highly recommend <input type="checkbox"/> Recommend with reservation <input type="checkbox"/> Recommend <input type="checkbox"/> Do not recommend				
Is there anything you prefer to discuss by phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Phone #			Best time to call:		
Remarks:					

ACKNOWLEDGEMENT:

Name of Person Completing Form:		Title:	
Signature:		Date:	