

SAINT BERNADETTE SCHOOL

9311 S. Francisco Avenue Evergreen Park, IL 60805
Phone 708.422.6429 Fax 708.422.6484

EDUCATIONAL SCHOOL REPORT

This is not a request for a transfer

Student Name _____ Grade _____ Date _____

Parent/guardian phone number (so an appointment can be made.) PHONE# _____

I grant permission to the proper authorities to release the following information to St. Bernadette School for educational placement purposes.

School name: _____

Address: _____

City, State Zip: _____

Parent/Guardian Signature: _____

SCHOOL ACHIEVEMENT: Please submit a copy of the latest report card.

Has the student ever been retained? _____

Will this student be promoted at his present level of achievement? _____

ATTENDANCE: Number of days absent in past year _____ Number tardy _____

SPECIAL SERVICES: Does (Has) this student receive(d) any form of modified lessons? _____

If yes, indicate the types of modification: _____

Does this student receive/require Special Education Services? _____ Speech Therapy Services? _____

Does this student have an Individualized Education Program (IEP)? _____ An Intervention Plan? _____

Has this student been recommended for a case study? _____ An education evaluation? _____

Has it been determined that this student has a learning disability? _____

A behavior disorder? _____ Attention deficit disorder? _____

Does the child require remedial mathematics? _____ Remedial reading? _____

Does/Did this child attend Title I classes? _____

PSYCHOLOGICAL EVALUATION:

Has a psychological evaluation ever been given? _____ Test date: _____

Has a psychological evaluation ever been recommended? _____

SPECIAL INFORMATION:

Strengths: _____

Weaknesses: _____

Effort: Working to capacity _____ Good Fair _____ Poor None _____

Has this student ever received a vision referral? _____ Hearing referral? _____

Does this student wear glasses? _____ Hearing Aid? _____

CONDUCT:

Has this student been suspended? _____ If yes, explain: _____

Does this student display inappropriate behavior in the classroom? _____

Gym? _____ Hallway? _____

Playground? _____

If yes, please describe: _____

What behaviors/attitudes are displayed towards authority? _____

How does the student react to success? _____

How does this student react to failure?: _____

Are leadership qualities displayed? _____ Is it positive leadership? _____

Peer relationships? Excellent Good Fair Poor

ACHIEVEMENT TESTING: Please attach a copy of all test data from the cumulative record.

In your opinion, are the scores indicative of the student's ability? _____

ADDITIONAL COMMENTS: Please feel free to provide any additional information about this student that you feel would provide us with a more rounded picture of his/her ability, performance, conduct and potential.

How long have you known this student? _____

FINANCIAL OBLIGATION:

As of this date, have all financial obligations been met? _____ Yes _____ No (If no, please explain.)

Signature/Title _____

Date: _____