



St. Christopher Catholic School

2278 Booksin Avenue
San Jose, CA 95125
408-723-7223
Fax 408-978-5458

Today's date _____

Dear Teacher,

The student named below has applied for admission to St. Christopher Catholic School for the 2021-2022 school year. Please assist us in determining that the student can be successful in our school program. We ask that you complete the attached School Evaluation Form or Progress Report and return it to us in the envelope provided by the parent. Please mail it to St. Christopher Catholic School.

The evaluation is confidential and its use will be limited to determining eligibility for admission to our school. We would appreciate receiving the form by January 15, 2021.

Thank you for your assistance,

Stephanie Houlihan
Registrar

To _____ at _____
Name of Teacher Name of School

We are applying for our child, _____,
to enter grade _____ in 2021-2022. I give permission for you to
provide the information requested by the school. Kindly complete the attached
Evaluation Form or Progress Report and return it to the school in the attached stamped,
addressed envelope.

Thank you for your efforts with this request.

Signature of Parent

Parent's Telephone Number



Report of Progress Grades 1-8

St. Christopher Catholic School, 2278 Booksin Avenue, San Jose, CA 95125, 408-723-7223 Fax 408-978-5458

Student Name _____ Current grade _____ Grade applying for _____

Please print your name _____ Position _____

School _____ Telephone _____

Achievement Standards	Exceeds	Meets	Needs Improvement
Math			
Reading/Literature			
Writing			
Social Studies			
Science			
Homework			

Student Learning Skills	Exceeds	Meets	Needs Improvement
Follows classroom and school rules			
Respects other people and property			
Accepts responsibility for his/her actions			
Demonstrates self-control			
Follows directions			
Works independently			
Contributes to classroom discussions/activities			
Organized and responsible for school and personal belongings			

Parental Support	Exceeds	Meets	Needs Improvement
Maintains contact with teacher			
Supports teacher in attaining academic & behavioral objectives			
Supports school policies			

• Has this student been retained at any time? If yes, which grade? _____ YES NO

• Has this student received any special services or testing in the areas of speech, vision, hearing, counseling, special education, ADHD, etc.? If yes, please explain: _____ YES NO

Your comments are appreciated. _____

May we contact you if we have questions, or for additional information? YES NO Phone # _____

Teacher Signature _____ Date of Completion _____