



CARLISLE

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English Evaluation - Grade 6-12

Applicant's Name _____ Grade _____

To the Applicant:

Please give this form to your classroom teacher. Your teacher will mail this form directly to the school.

I request that this evaluation form be sent to Carlisle School with the understanding that it will be used for admission purposes. I understand that I may not read this evaluation and agree that I will not seek to do so, either while my child is enrolled at Carlisle School or subsequently.

Parent Signature _____ Date _____

To the Teacher:

The student named above is a candidate for admission to Carlisle School. Thank you for your time and help in completing the following evaluation. Your insights will be helpful in choosing from among a pool of highly qualified candidates. If you would prefer to write your own evaluation of the applicant's skills, describing his/her academic and personal qualities, please attach it to this form.

Please evaluate the applicant in the following areas:

Vocabulary

	Below Grade Level	At Grade Level	Above Grade Level
• Oral			
• Written			

Reading

• Speed			
• Accuracy			
• Capacity of style			
• Ability to move from literal to figurative interpretations			

Writing

• Sentence structure			
• Clarity of style			
• Ability to organize ideas in a logical sequence			
• Spelling			
• Punctuation			
• Ability to articulate analytical ideas			

Academic and Personal Qualities

	Outstanding	Good	Average	Poor	Comments
• Organization of time and work					
• Ability to work in a group					
• Ability to work alone					
• Academic ability					
• Attention span					
• Conduct					
• Leadership					
• Sense of humor					
• Consideration for others					
• Maturity for age/grade					
• Trustworthiness					
• Relationship with peers					
• Relationship with adults					
• Ability to seek help when needed					
• Ability to use suggestions or corrections					
• Attitude of parents	cooperative	indifferent	overly involved	antagonistic	

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Please list the subjects/courses you have taught the applicant and the level of course difficulty.

What are the first words that come to mind which best describe this student?

Please discuss the student's class participation and working relationship with:

a) other students

b) adults

Do you have any additional information which may be helpful in our evaluation of this student?

I have known this applicant for _____ months and/or _____ years.

Would you welcome a call from Carlisle School? Yes No

If so, what number do you prefer we use? _____ What is the best time of day to reach you? _____

This form was completed by _____ Date _____

Signature _____ Title _____

School Name _____ School Phone _____

School Address _____

Thank you for your assistance in the evaluation of this applicant. Please mail or fax this form directly to the Admissions Office.

Admissions Office
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Martinsville, VA 24115
276.632.7288
Fax: 276.632.9545
www.carliseschool.org