



<b>SOCIAL &amp; EMOTIONAL DEVELOPMENT</b>	Excellent	Good	Average	Below Average	Poor
Ability to relate to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>This student demands an excessive amount of time for:</b>	Frequently	Sometimes	Seldom
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the child ever been evaluated by a psychologist for concerns with learning, aggression, attention-span or any other issues?     Yes     No     Don't know

Does this student have an IEP (Individualized Education Plan)?     Yes     No     Don't know

Has this child ever been sent home for behavioral problems at school/center?  
 Yes     No     Don't know

**COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please print:**  
Person completing this form: \_\_\_\_\_ Position: \_\_\_\_\_  
Name of School: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**Please mail or fax completed form to:**    **Sacred Heart Catholic School**  
Office of Admissions  
608 Southern Avenue  
Hattiesburg, MS 39401  
Telephone: (601) 583-8683  
Fax: (601) 583-8684