



Return to:
GCA
8420 W Beloit Rd
West Allis, WI 53227
Phone (414) 327-4200
office@gcaschool.org

STUDENT: _____

SCHOOL: _____

Student Evaluation / Course Recommendation

Please have your student's current teacher complete this evaluation form for any student who plans to attend GCA for high school. This information is used in scheduling appropriate courses and serving the student's educational needs. This evaluation is private and is used for scheduling. It will be placed into the student's high school cumulative record. Please contact the office at 414-327-4200 with any questions regarding the evaluation. Thank you.

MATH

Current Math Class: _____ Letter Grade: _____ Teacher: _____

Math Recommendation:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Geometry | <input type="checkbox"/> Consumer Math |
| <input type="checkbox"/> Pre-Algebra | <input type="checkbox"/> Algebra 2 | <input type="checkbox"/> Calculus |
| <input type="checkbox"/> Algebra | <input type="checkbox"/> Pre-Calculus | |

SCIENCE

Current Science Class: _____ Letter Grade: _____ Teacher: _____

Science Recommendation:

- | | | |
|---|--|---|
| <input type="checkbox"/> Physical Sci. (9 th) | <input type="checkbox"/> Chemistry (11 th) | <input type="checkbox"/> Physiology/
Anatomy (12 th) |
| <input type="checkbox"/> Biology (10 th) | <input type="checkbox"/> Physics (12 th) | |

HISTORY

Current History Class: _____ Letter Grade: _____ Teacher: _____

History Recommendation:

- | | |
|--|--|
| <input type="checkbox"/> Geography (9 th) | <input type="checkbox"/> World Hist. (10 th) |
| <input type="checkbox"/> Govt /Econ. (12 th) | <input type="checkbox"/> US Hist. (11 th) |

ENGLISH

Current English Class: _____ Letter Grade: _____ Teacher: _____

English Recommendation:

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> English 9 | <input type="checkbox"/> English 10 |
| <input type="checkbox"/> English 11 | <input type="checkbox"/> English 12 |

STUDENT SERVICES/ SUPPORT In order to best serve this student, please complete the following information:

Has this student ever been evaluated by a school district or medical professional for a disability (i.e. learning disability, emotional or behavioral disorder, Autism, ADHD?) NO YES _____ (date of evaluation)

Does this student currently receive Title 1 Services? NO YES

Does the student currently have any of the following documentation on file: (Check all that apply)

IEP ___ 504 ___ Medical ___ Mental Health ___ Special Ed Eval ___

Does the student currently receive accommodations due to this documentation? NO YES

If YES, please list areas of assistance and/ or comments:

DISCIPLINARY PROBLEMS: YES NO TRUANCY PROMBLEMS: YES NO ATTENDANCE PROBLEMS: YES NO

INTERPERSONAL SKILLS

Peer to Peer Relationships	Poor	Fair	Good	Excellent
Student to Teacher Relationships	Poor	Fair	Good	Excellent
Comes to class prepared	Poor	Fair	Good	Excellent
Asks for help when needed	Poor	Fair	Good	Excellent
Completes schoolwork	Poor	Fair	Good	Excellent
Completes homework on time	Poor	Fair	Good	Excellent
Studies for tests/quizzes	Poor	Fair	Good	Excellent
Attends class daily and is on time	Poor	Fair	Good	Excellent
Attitude and behavior	Poor	Fair	Good	Excellent

TALENTS AND INTERESTS:
