



2510 SW 1<sup>st</sup> Avenue, Portland, Oregon 97201  
Phone 503-688-2922 | Info@BridgesMS.org

**School Admission Application**

Name of Student \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ Current Grade \_\_\_\_\_

**School Information:**

Classroom Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Resource Room Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Counselor \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

Last Year's Teacher \_\_\_\_\_ School \_\_\_\_\_

**Instructions:**

Please have the appropriate staff complete the attached evaluation forms. All evaluations should be submitted directly to Bridges Middle School at the above address. If you have any questions, please feel free to call.

*I hereby authorize my child's school/teachers to prepare and submit the written evaluations required by Bridges Middle School for the application process. I understand that these written evaluations are confidential and may not be reviewed by the applicant or the applicant's parent/guardian.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent Name

\*Please send directly to Bridges Middle School, 2510 SW 1<sup>st</sup> Avenue, Portland OR 97201

## Bridges Middle School Evaluation

Counselor \_\_\_\_\_ Resource Room Teacher \_\_\_\_\_ Name \_\_\_\_\_

May we contact you about this student? \_\_\_\_\_ Phone/Email \_\_\_\_\_

Student Name \_\_\_\_\_

***Please check the appropriate box:***

<b>PERSONAL EVALUATION</b>	<b>Below Average*</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>
Integrity and honesty				
Self-confidence				
Self-esteem				
Classroom conduct				
Respect for authority				
Emotional stability				
Relationships with peers				
Relationships with adults				
Consideration of others				

**\* NOTE: If "Below Average" is checked, please provide additional information about the nature of the problem on the opposite side.**

Has this student ever engaged in the following behaviors?

***Please check the appropriate box:***

<b>BEHAVIORS</b>	<b>In the past</b>	<b>In the present</b>
Power struggles with parents		
Irritating/disruptive behaviors		
Excessively agitated behaviors		
Impulsive behavior		
Teased by others		
Trying to control others		
Most friends younger		
Most friends older		
Often loses friends		
Uses rude/offensive language		
Bullying and/or aggressive posturing		
Avoids taking ownership/responsibility for negative behaviors		
Destroys property		
Willful disobedience and/or defiance		

Has this student been referred to you for any serious emotional issue or behavioral conduct?

Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes' please explain: \_\_\_\_\_

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**Bridges Middle School**  
**English/Language Arts Evaluation**

Teacher Name \_\_\_\_\_

Student Name \_\_\_\_\_

May we contact you about this student? \_\_\_\_\_ Phone/Email \_\_\_\_\_

How long have you known this student and in what context? Please list courses you have taught him/her and the level of course difficulty: \_\_\_\_\_  
\_\_\_\_\_

Does this student require 1:1 instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

How does this student's academic performance compare to their capability?  
\_\_\_\_\_

Course recommendations: \_\_\_\_\_

Have you ever had this student removed from the classroom for behavioral reasons? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes,' please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please check the appropriate box:***

<b>ACADEMIC EVALUATION</b>	<b>Below Average*</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>
Effort and perseverance				
Ability to work independently				
Creativity				
Attention span				
Ability to organize				
Ability to handle change in structure/routine				
Ability to handle concepts				
Homework assignments				
Oral ability				
Ability to think logically				
Ability to generalize				
Curiosity				
Cooperation				
Self-discipline				
Study habits				
Use of time				
Following teacher's directions				

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*Please check the appropriate box:*

	Not Introduced	Significant Problems*	Basic Understanding/ Inconsistent Performance	Consistent Understanding & Performance	Exceptional Understanding & Performance
<b>VOCABULARY</b>					
Oral					
Written					
<b>READING</b>					
Speed					
Accuracy					
Word Attack					
Phonetic Knowledge					
Comprehension					
Retention					
Drawing Inferences					
Figurative Interpretations					
<b>WRITING</b>					
Sentence Structure					
Clarity of Style					
Organization					
Spelling					
Punctuation					
Creativity					
Handwriting					

<b>PERSONAL EVALUATION</b>	Below Average*	Average	Above Average	Outstanding
Integrity and honesty				
Self-confidence				
Self-esteem				
Classroom conduct				
Sense of responsibility				
Respect for authority				
Emotional stability				
Relationships with peers				
Relationships with adults				
Consideration of others				

*\* NOTE: If "Significant Problems" or "Below Average" are checked, please provide additional information about the nature of the problem on an attached sheet.*

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## Bridges Middle School Mathematics Evaluation

Teacher Name \_\_\_\_\_

Student Name \_\_\_\_\_

May we contact you about this student? \_\_\_\_\_ Phone/Email \_\_\_\_\_

How long have you known this student and in what context? Please list courses you have taught him/her and the level of course difficulty: \_\_\_\_\_  
\_\_\_\_\_

Does this student require 1:1 instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

How does this student's academic performance compare to their capability? \_\_\_\_\_  
\_\_\_\_\_

Course recommendations: \_\_\_\_\_

Have you ever had this student removed from the classroom for behavioral reasons? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes,' please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check the appropriate box:**

<b>ACADEMIC EVALUATION</b>	<b>Below Average*</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>
Effort and perseverance				
Ability to work independently				
Creativity				
Attention span				
Ability to organize				
Ability to handle change in structure/routine				
Ability to handle concepts				
Homework assignments				
Oral ability				
Ability to think logically				
Ability to generalize				
Ability to retain subject matter				
Curiosity				
Cooperation				
Self-discipline				
Study habits				
Use of time				
Following teacher's directions				

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*Please check the appropriate box:*

	Not Introduced	Significant Problems*	Basic Understanding/ Inconsistent Performance	Consistent Understanding & Performance	Exceptional Understanding & Performance
<b>BASIC MATH &amp; PRE-ALGEBRA</b>					
Addition					
Subtraction					
Multiplication					
Division					
Decimals					
Fractions					
Percent					
Proportions					
Measurements					
Applying concepts to real life					
<b>ALGEBRA</b>					
Real Numbers					
Solving Equations (1 Variable)					
Writing Equations					
Graphing Equations					
Factoring					
Solving Systems of Equations					
Algebraic Fractions					

<b>PERSONAL EVALUATION</b>	Below Average*	Average	Above Average	Outstanding
Integrity and honesty				
Self-confidence				
Self-esteem				
Classroom conduct				
Sense of responsibility				
Respect for authority				
Emotional stability				
Relationships with peers				
Relationships with adults				
Consideration of others				

*\* NOTE: If "Significant Problems" or "Below Average" boxes are checked, please provide additional information about the nature of the problem on an attached sheet.*