

COMMON CONFIDENTIAL STUDENT EVALUATION FORM
(Pre K - K Grade Applicants)



CHILD'S NAME (FIRST, MIDDLE, LAST) _____ DATE OF BIRTH (MONTH/DAY/YEAR) _____ APPLYING TO GRADE _____

To be completed by the parent/guardian: Complete the above information and read/sign the statement below. Give a signed copy of this form to your child's teacher(s) and request that they send it directly to the schools to which your child is applying by each school's due date.

For the child named above, I give my permission to release the information on this form to the school(s) to which I am applying and understand that I will not have access to this confidential information. In addition, I permit my child's current school staff to speak with and/or welcome a visit from any inquiring admission staff member, so that they may learn more about my child for admissions purposes. All communication between schools will remain confidential, and I will not have access to the content of any conversation.

NAME OF PARENT/GUARDIAN (PLEASE PRINT) _____ SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

To be completed by the teacher/school: Save a copy of this completed form for your records and send a copy directly to each of the indicated schools.

FORM COMPLETED BY (PRINT NAME) _____ POSITION _____ DATE _____

SIGNATURE _____ EMAIL _____ PHONE NUMBER _____

SCHOOL NAME _____ I AM THE CHILD'S CURRENT TEACHER PREVIOUS TEACHER OTHER

CHILD'S ENROLLMENT START DATE _____ END DATE _____ HOW LONG HAVE YOU KNOWN THIS CHILD? _____

WHAT IS THE CHILD'S PRIMARY LANGUAGE? (PLEASE LIST ADDITIONAL LANGUAGES, IF APPLICABLE) _____ LENGTH OF SCHOOL DAY _____ # OF DAYS PER WEEK _____

Character & Disposition: Please mark all that consistently describe the child:

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Easy going | <input type="checkbox"/> Enthusiastic about learning | <input type="checkbox"/> Resilient | <input type="checkbox"/> Leader |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Enthusiastic about play | <input type="checkbox"/> Slow to warm up | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Defiant | <input type="checkbox"/> Short tempered | <input type="checkbox"/> Prefers parallel play |
| <input type="checkbox"/> Observer | <input type="checkbox"/> Can't sit still | <input type="checkbox"/> Physically hurtful | <input type="checkbox"/> Prefers large group |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Cries when frustrated | <input type="checkbox"/> Prefers small group |

What words come to mind to describe this student?

What are the student's strengths?

What are this student's challenges and growth areas?

Describe this student's approach to learning (hands on, visual, kinetic, auditory, logical). What most engages this child?

Describe the student's ability to develop friendships and resolve conflicts:

CHILD'S NAME (FIRST, LAST) _____

For each item in the tables below, please check the most appropriate description:

DEVELOPMENT	Consistently	Often	Sometimes	Rarely	No Opportunity to Observe
Speech is easily understood					
Positive interaction with peers					
Positive relationships with adults/teachers					
Aware of others' needs, shows empathy					
Uses words to resolve conflict					
Able to solve problems without adult help					
Demonstrates body and space awareness					
Demonstrates fine motor coordination					
Able to verbally communicate feelings, needs, ideas					
Shows responsibility for belongings					
Demonstrates self-help skills					
Is willing to participate in room clean-up					

Comments:

APPROACH TO LEARNING	Consistently	Often	Sometimes	Rarely	No Opportunity to Observe
Completes tasks					
Makes transitions easily					
Listens and follows directions					
Demonstrates attention span for teacher-led activity					
Demonstrates attention span for self-chosen activity					
Able to work and play independently					
Able to work and play cooperatively					
Able to be redirected by teacher					
Able to stay on tasks without teacher support					
Tries new activities of own choice					
Tries new activities that are teacher-directed					

Comments:

FAMILY ENGAGEMENT	Consistently	Often	Sometimes	Rarely	No Opportunity to Observe
Separates easily from parent/guardian(s)					
Parent(s) set appropriate limits with child					
Child responds to limits of parent(s)					
Parent(s) are responsive to feedback and recommendations					
Parent(s) have realistic expectations of child					
Parent(s) contribute to the classroom and participate in school activities					
Parent(s) support school procedures and expectations					
Parent(s) are respectful of teacher's time (i.e. on time arrival/pick-up)					

Describe the family's participation in the school community:

Check here if any information pertaining to this child/family would be better communicated by phone.

The best number and days/times to reach me are: _____.

It is only necessary to complete this form once. Consult with the child's parent/guardian regarding the school(s) to which the family is applying. Please save this completed form for your records and send a copy directly to each of the indicated schools. We sincerely appreciate your cooperation in evaluating this applicant honestly and assure you that this information will be held in confidence.