



CONFIDENTIAL Lower School Candidate Evaluation Grades 2-5

We greatly appreciate your taking the time to complete this form. It provides one way of getting to know the student and is reviewed with the understanding that students are constantly changing and developing. We place particular value on your observations of classroom behavior and your descriptive comments in each area. Preparers and recipients are expected to maintain the information in strict confidence and to refrain from sharing it with students, parents, or guardians.

Child's Name: _____ Name usually called: _____

Current School: _____

Current School Address: _____

Current School Phone: _____ Date child entered school: _____

Current Teacher: _____ Date of this report: _____

Name, Email and Phone of person completing this report: _____

How long have you known this student? _____

How much time per week is this student in your class? _____

Student's primary language: _____

Languages spoken at home: _____

List six adjectives to describe this student:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Student Profile

To help us compile a profile of this student, please check the following categories, adding comments wherever possible:

Sense of responsibility	<input type="checkbox"/> is responsible	<input type="checkbox"/> is usually responsible	<input type="checkbox"/> is sometimes responsible	<input type="checkbox"/> is rarely responsible
Comments:				
Consideration for others	<input type="checkbox"/> is very considerate	<input type="checkbox"/> is usually considerate	<input type="checkbox"/> is inconsiderate	
Comments:				
Leadership skills	<input type="checkbox"/> exhibits excellent skills	<input type="checkbox"/> exhibits good skills	<input type="checkbox"/> exhibits average skills	<input type="checkbox"/> exhibits poor skills
Comments:				
Self confidence	<input type="checkbox"/> has a healthy self image	<input type="checkbox"/> needs some support	<input type="checkbox"/> seems overly confident	<input type="checkbox"/> has a poor self image
Comments:				
Sense of humor	<input type="checkbox"/> is highly developed	<input type="checkbox"/> is good	<input type="checkbox"/> is fair	<input type="checkbox"/> is poorly developed
Comments:				
Peer relationships	<input type="checkbox"/> enjoys good relationships	<input type="checkbox"/> has satisfactory relationships	<input type="checkbox"/> has occasional problems	<input type="checkbox"/> relates poorly
Comments:				
Relationship with adults	<input type="checkbox"/> is comfortable	<input type="checkbox"/> is uneasy	<input type="checkbox"/> is dependent	<input type="checkbox"/> is uncooperative
Comments:				

	Outstanding	Excellent	Above Average	Average	Below Average
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of time and work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Analysis of Performance

	Surpasses	Meets Expectations at this Level	Falls Below
Math			
Basic Operations— If Applicable			
Addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solving Word Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Concepts			
Place Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rounding Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order of Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surpasses

Meets

Falls Below

Expectations at this Level

Fractions

Adding Fractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding Mixed Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtracting Fractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different Denominators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplying Fractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividing Fractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language Arts

Basic Skills

Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar/Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syntax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Composition Skills

Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reading

Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powers of Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General

Class Participation Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Assignment Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This student's work level is about the ___ upper ___ middle ___ lower third of the class.

In what area/s does this student show particular strength? _____

Does the student need special support or help in any area/s? _____

Our school endeavors to know a child as completely as possible. Your comments help the Admission Committee determine if our school will meet the needs of this applicant. Please share any additional information we should consider in our evaluation process (e.g., parent participation, child's home life, school attendance, etc.).

Have the applicant's financial obligations been met? Yes No

Overall, I recommend this student:	<input type="checkbox"/> Enthusiasticly	<input type="checkbox"/> Strongly	<input type="checkbox"/> Fairly strongly	<input type="checkbox"/> Without enthusiasm
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Evaluator's signature: _____ Date: _____

Evaluator's position: _____