

## Student Evaluation Form: Nursery to 1<sup>st</sup> Grade

Current Academic Year: 2021-2022

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Applying to Grade: \_\_\_\_\_ Enrollment Academic year: **2022-2023**

**To the parent/guardian:** Please fill in the information requested above, read and sign the statement below, and submit this evaluation form to your child's current teacher along with a stamped and pre-addressed envelope.

**THIS EVALUATION CANNOT BE ACCEPTED IF IT DOES NOT COME DIRECTLY FROM YOUR CHILD'S CURRENT SCHOOL.**

Manhattan Campus – 225 E. 43<sup>rd</sup> Street, New York, NY 10017 USA – Fax: (212) 681-1922

*For the child named above, I give permission for you 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 the information provided by the evaluator.*

Name of parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**To the teacher:** The student named above is applying to Lyceum Kennedy French American School where the curriculum is taught in both French and English languages. The school's curriculum is linguistically and academically challenging, a prospective student must be able to organize, concentrate, and work carefully in both languages. Your honest assessment of the child is greatly appreciated by the LK Admissions Office.

This recommendation is confidential and will be viewed solely by the staff and faculty of the Lyceum Kennedy French American School. Please complete and e-mail to Lyceum Kennedy French American School's Admissions Office ([smegal@lyceumkennedy.org](mailto:smegal@lyceumkennedy.org)).

Candidate's current School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School address: \_\_\_\_\_

Length of school day: \_\_\_ (hours) Number of days/week: \_\_\_ Student's entrance date at this school: \_\_\_\_\_

Evaluator's name: \_\_\_\_\_ Position: \_\_\_\_\_

1. Is English the primary language spoken in the candidate's home?

Yes  No If not, please specify \_\_\_\_\_

2. Check all that describe the child:

Patient  Cheerful  Confident  Observer  Enthusiastic about learning

Easily frustrated  Slow to warm up  Fidgety  Positive member of the classroom

# Lyceum Kennedy

French American School

3. Please check appropriate boxes: 4= Very Strong 3= Age appropriate 2= More time needed 1= Area of concern

	4	3	2	1
Self-help skills (clothes, bathroom, lunch)				
<b>Physical development</b>				
Fine motor coordination				
Draws with details				
Uses appropriate pencil grip				
Works with manipulatives				
Gross motor coordination				
Body and space awareness				
Balance, gait, fluidity of movement				
Participation in physical group activities				
<b>Skill development</b>				
Speech is clear and understandable				
Vocabulary				
Ability to stay on discussion topic				
Tells story events in sequence				
Asks questions to extend understanding				
Recognizes uppercase letters				
Recognizes lowercase letters				
Recognizes numerals				
Recognizes shapes				

	4	3	2	1
<b>Social / Emotional</b>				
Demonstrates good self-esteem				
Demonstrates self-control				
Acceptance of limits				
Self motivation				
Interaction with peers				
Interaction with teachers				
Separation from parents/caregivers				
Ability to share and work cooperatively				
Ability to wait for turn				
Respect for own property				
Respect for others' property				
Focus and participation in group				
Ability to work independently				
Curiosity				
Attention span / self-chosen activity				
Attention span / assigned activity				
Cooperative attitude				
Transitions easily				
Listens to directions				
Follows directions				
Completes tasks				

4. Have you made, or do you plan to make, any recommendations for professional support or assessment?

Yes  No If so, please comment and/or state reasons for any referrals:

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5. Based on what you have observed, is this applicant likely to be successful in a highly challenging academic program?

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6. Is there additional information that you feel can be more appropriately relayed in a phone conversation?

Yes (phone number : \_\_\_\_\_)  No

If yes, I can best be reached during these hours: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_

Date: \_\_\_\_\_