

**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"/> Tends to lead               |
| <input type="checkbox"/> Cheerful   | <input type="checkbox"/> Enthusiastic about play     | <input type="checkbox"/> Slow to warm up       | <input type="checkbox"/> Tends to follow             |
| <input type="checkbox"/> Confident  | <input type="checkbox"/> Defiant                     | <input type="checkbox"/> Short tempered        | <input type="checkbox"/> Tends to be alone           |
| <input type="checkbox"/> Observer   | <input type="checkbox"/> Can't sit still             | <input type="checkbox"/> Physically hurtful    | <input type="checkbox"/> Tends to choose large group |
| <input type="checkbox"/> Patient    | <input type="checkbox"/> Easily frustrated           | <input type="checkbox"/> Cries when frustrated | <input type="checkbox"/> Tends to choose 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	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	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				
Tries new activities of own choice				
Tries new activities that are teacher-directed				
Needs teacher support to stay on tasks				

Comments:

FAMILY ENGAGEMENT	Consistently	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.*