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

ISSFBA Independent Schools Of The San Francisco Bay Area
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BADA BAY AREA DIRECTORS of ADMISSION

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.

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.

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:

☐ Easy going	☐ Patient	☐ Can't sit still	☐ Short tempered	☐ Follower
☐ Cheerful	☐ Enthusiastic about learning	☐ Easily frustrated	☐ Physically hurtful	☐ Prefers parallel play
☐ Confident	☐ Enthusiastic about play	☐ Resilient	☐ Cries when frustrated	☐ Prefers large group
☐ Observer	☐ Defiant	☐ Slow to warm up	☐ Leader	☐ 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?

What captures this student's attention and motivation? Please share a specific example.

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	Advanced	Age Appropriate	Emerging	Needs Improvement	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					
Demonstrates flexibility					
Demonstrates self-help skills					
Recovers from upset/challenges					

Reflecting on the ratings to the left, please share any additional insights that could help the admissions committee better understand the child's development. *(Optional)*

APPROACH TO LEARNING	Advanced	Age Appropriate	Emerging	Needs Improvement	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					

Reflecting on the ratings to the left, what conditions help this student learn best — fast-paced or slow, structured or open-ended? Please share a specific example. *(Required)*

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:

Based on your experience working with this student, how confident are you that they are ready for the next grade level?

☐ Highly Confident ☐ Confident ☐ Moderately Confident ☐ Not Confident

Is there any additional information that can be better conveyed in a phone conversation? ☐ Yes ☐ No

If you checked "Yes" above, please provide your contact information and the best time to reach you: