COMMON CONFIDENTIAL STUDENT EVALUATION FORM
(1st - 8th Grade Applicants)

ISSFBA Independent Schools Of The San Francisco Bay Area
WWW.ISSFBA.ORG

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

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

APPROACH TO LEARNING & CHARACTER	Advanced	Age Appropriate	Emerging	Needs Improvement	No Opportunity to Observe
Makes transitions easily					
Ability to work in a group					
Ability to work independently					
Positive interaction with peers					
Positive interaction with adults/teachers					
Listens and follows directions					
Ability to focus on task at hand					
Appropriate use of class time					
Intellectual curiosity					
Motivation/Effort					
Ability to express ideas in writing					
Ability to express ideas orally					
Seeks help when needed					
Uses language to problem solve					
Shows consideration for others, empathy					

What words come to mind to describe this student?

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

CHILD'S NAME (FIRST, LAST)

What are the student's strengths?

What are this student's challenges? Describe any areas most needing support or adult supervision (academic or personal):

Describe the student's ability to work independently and in groups:

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

Describe the student's ability to incorporate constructive feedback.

Describe the student's most important accomplishment in your class:

FAMILY ENGAGEMENT	Consistently	Often	Sometimes	Rarely	No Opportunity to Observe
Cooperates with classroom teachers					
Respectful of teachers' time					
Communicates with the school					
Follows through with the school recommendations					
Follows rules and policies of the school					
Family has realistic expectations of the child					
Is punctual with drop-off and pick-up procedures					
Participates in school activities					

Describe the family's partnership 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: