

**COMMON CONFIDENTIAL STUDENT EVALUATION FORM
(1st - 8th 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 _____

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

APPROACH TO LEARNING & CHARACTER	Consistently	Often	Sometimes	Rarely	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?

Describe this student's approach to learning (hands on, visual, kinetic, auditory, logical):

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 criticism for growth:

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:

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.