

Confidential Student Evaluation Form

Child's name (Last, First Mid) _____

Date of birth (Mon/Day/Year) _____ Applying to grade _____

TO THE PARENT/ GUARDIAN:

Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to the Laurel School. For the child named above, I give permission for you to release the information on this form to the Laurel School and I understand that I will not have access to this confidential information.

Name of parent/guardian (please print) _____ Date _____

Signature of parent/guardian _____

TO THE TEACHER:

It is only necessary to complete this form once. Please make a copy of this completed form and send it directly to the Laurel School, file the original for your records. We sincerely appreciate your cooperation in helping evaluate this applicant and assure you that this information will be held in confidence. Please be sure the parent/guardian has signed above.

How long have you known this child? _____ Date of entry into your program? _____

Length of school day _____ Number of days/week _____ Students primary language _____

Hand Dominance: Right Left Not Established

PLEASE CHECK APPROPRIATE BOXES:

4=Strength 3=Developmentally appropriate 2=More time needed 1=Area of Concern

	4	3	2	1
Self-help skills (clothes, bathroom, lunch)				
Fine motor coordination (lacing, puzzles)				
Ability to express ideas orally				
Ability to express ideas in writing				
Works with manipulatives				
Gross motor coordination				
Body and space awareness				
Balance, gait, fluidity, smoothness of movement				
Participates in physical group activities				
Speech is clear and understandable				
Maturity in terms of age/grade				
Ability to stay on discussion topic				
Reaction to criticism				
Asks questions to extend understanding				
Uses language to problem solve				
Sound-symbol correspondence				
Recognizes upper case letters				
Recognizes lower case letters				
Recognizes numerals				
Recognizes shapes				
Demonstrates self-esteem				
Demonstrates self control				
Acceptance of limits				

	4	3	2	1
Self-motivation				
Interaction with peers				
Interaction with teachers				
Interaction with parents/guardians				
Classroom conduct				
Ability to share and work cooperatively				
Ability to wait turn				
Respect for own property				
Respect for others' property				
Accepts responsibility for actions				
Sense of humor				
Curiosity				
Attention span/self-chosen activity				
Attention span/assigned activity				
Cooperative attitude				
Transitions easily				
Listens to directions				
Follows directions and completes tasks				
Ability to work independently				
Ability to focus and contribute in a large group				
Ability to focus and contribute in a small group				
Resolves conflict verbally				
Resolves conflict physically				

Usually chooses: Large group Small group Alone

Usually takes role of: Leader Follower Varies

Please comment specifically for boxes checked 1 and 2 above:

PLEASE COMMENT ON THE FOLLOWING:

1. Child's strengths and/or limitations

2. Do the parents/guardians support/follow through on specific school recommendations?

3. Are parental expectation of the child realistic?

4. Are there any special concerns about the child's attendance or promptness in arrival or departure?

5. What kind of program would you like to see for this child?

6. Please make any other comments you wish to make about the applicant. Include any circumstances of which we should be aware.

SPECIFIC RECOMMENDATION:

- Recommended Recommended with reservations (please explain below) Prefer not to make a recommendation (please explain below)

Check here if any information pertaining to this child/family would be better communicated by phone. Please feel free to add further narrative on additional pages if desired.

Form completed by (print name) _____

Position _____

School _____

Your signature _____

Date _____

Phone number _____