

# 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 Saint Brigid Academy. For the child named above, I give permission for you to release the information on this form to Saint Brigid Academy 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 Saint Brigid Academy, 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. Please email this form to [admissions@saintbrigidsof.org](mailto:admissions@saintbrigidsof.org) or mail to 2250 Franklin Street, San Francisco, CA 94109.

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** \_\_\_\_\_