

Student Evaluation Form:

Kindergarten and First Grade



Student/School Information

Date: _____

Student's name: _____ Grade applying to: _____

I give _____ permission to answer the following questionnaire in regards to my child.
(Current School)

Parent's signature: _____

Name of school student is currently attending: _____ Phone: _____

Address: _____

Length of time at this school: _____

Student Evaluation

To be completed by principal or teacher. Please grade the following areas with E (Excellent), G (Good), F (Fair) or P (Poor).

Readiness:

- ___ Attention span
- ___ Comprehension (understands school vocabulary)
- ___ Retains information (memory)
- ___ Ability to follow directions (completes work with normal amount of help)
- ___ Oral expression (communicates clearly and distinctly)
- ___ Gross motor development
- ___ Fine motor development
 - ___ Writing
 - ___ Coloring (crayons)
 - ___ Cutting

Behavioral:

- ___ General attitude towards school
- ___ Classroom conduct
- ___ Effort and cooperation
- ___ Ability to cope with stress (frustration)
- ___ Ability to wait his/her turn
- ___ Relationship to teacher

Social:

- ___ Relationship with peers
- ___ Considerate of others
- ___ Ability to be part of a group activity without adult assistance
- ___ Plays with others in cooperative play

Rate the applicant in the following areas. Rate with 1 (above average), 2 (average) or 3 (below average).

- ___ Academic progress
- ___ Behavioral development
- ___ Social maturity/emotional development

(Please complete other side)

Note: Parents, please submit this form to your child's current teacher with a stamped, addressed envelope.

Please check one.

All

Some

None

Applicant recognizes letters _____

Applicant writes letters _____

Applicant knows letter sounds _____

Applicant knows basic colors _____

Applicant knows basic shapes _____

Applicant recognizes numbers to: _____

Applicant writes numbers to: _____

Is the applicant reading? Yes _____ No _____

Reading series: _____ Level: _____

Math series: _____ Level: _____

Discipline. Please comment.

Describe any difficulties that may affect the applicant's progress (physical, learning, emotional, social, behavioral, language barriers or family situations).

Previous educational/psychological tests administered to applicant. Describe and enclose copies (if possible).

Any additional comments.

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decisions. Please sign and send this completed form, transcript and school records to Canyon Heights Academy. **Please indicate the best date and time for us to contact the applicant's teacher.**

Signature of person completing report

Title

Signature of teacher

Date

Signature of principal

Date

Has this family completed all of their financial commitments? Yes _____ No _____

Best time to contact teacher. Date: _____ Time: _____ Phone number: _____