

# Bay Area Independent School Common Confidential Student Evaluation Form for Grades PreK-1

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Applying to grade \_\_\_\_\_  
last first middle month/day/year

**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 school(s) to which your child is applying.

*For the child named above, I give permission for you 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.*

Name of parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**To the teacher:** 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 photocopy this completed form and send it directly to the school(s); file the original for your records. We sincerely appreciate your cooperation in helping to 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 per week \_\_\_\_\_ Is English applicant's 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		4	3	2	1
Self-help skills (clothes, bathroom, lunch)					Self-motivation				
Fine motor coordination (lacing, puzzles)					Interaction with peers				
Draws with details					Interaction with teachers				
Uses appropriate pencil grip					Interaction with parents/guardians				
Works with manipulatives					Separation from parents/guardians/caregivers				
Gross motor coordination					Ability to share and work cooperatively				
Body and space awareness					Ability to wait turn				
Balance, gait, fluidity, smoothness of movement					Respect for own property				
Participates in physical group activities					Respect for others' property				
Speech is clear and understandable					Accepts responsibility for actions				
Vocabulary					Sense of humor				
Ability to stay on discussion topic					Curiosity				
Tells story events in sequence					Attention span/self-chosen activity				
Asks questions to extend understanding					Attention span/assigned activity				
Uses language to problem solve					Cooperative attitude				
Sound-symbol correspondence					Transitions easily				
Recognizes letters: upper case					Listens to directions				
lower case					Follows directions and completes tasks				
Recognizes numerals					Ability to work independently				
Recognizes shapes					Ability to focus and contribute in: large group				
Demonstrates self-esteem					small group				
Demonstrates self-control					Resolves conflict: verbally				
Acceptance of limits					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 expectations of 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 page(s) if desired.

Form completed by (print name) \_\_\_\_\_ Position \_\_\_\_\_  
School \_\_\_\_\_ Phone \_\_\_\_\_  
Your signature \_\_\_\_\_ Date \_\_\_\_\_