



Confidential Evaluation Form

Teacher
Kindergarten-Grade 1

To the Applicant's family: Please give this form to a recent classroom teacher.

Applicant's Name

Current grade or level

To the Teacher: Information about this student will be valuable in assisting us to evaluate his / her application for admission to our school. Your evaluation and comments will be kept confidential. Thank you.

Call me to discuss application

Name of teacher completing this form

Signature

School's name

Country

Date

Email, School Website, Phone: _____ *How long have you known this student?* _____

What are the first words that come to mind to describe this student?

Social Development	Usually	Sometimes	Seldom
Shares well			
Can be a friend			
Is imaginative			
Plays alone happily			
Cooperates at play			
Is supportive of peers			
Initiates play activities			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposely			
Seeks help when needed			
Is comfortable with adults			
Is mature for age / grade			
Exhibits good sense of humor			
Demonstrates self-control in class			
Demonstrates self-control on playground			

Please check the appropriate boxes:

What frustrates this child? _____

Physical Development

- Speech Development
- Small muscle control and development
- Large muscle control and development

Outstanding	Age Appropriate	Needs Development

Pre-Academic Skill Development

- Is curious
- Is attentive
- Is a self-starter
- Completes tasks
- Follows directions
- Listens in a group
- Expresses ideas well
- Works cooperatively
- Enjoys new challenges
- Respects classroom routines
- Is willing to try new activities
- Exhibits problem solving ability
- Contributes to group discussions
- Demonstrates ability to focus on one task

Outstanding	Age Appropriate	Needs Development

Please describe the student's development of:

basic reading skills

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basic math skills

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Personal Characteristics Please describe the student's personality, maturity, confidence, humor, etc...

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Have you observed any signs of learning disabilities? Yes* No Don't Know
Does he / she receive any special accommodations? Yes* No Don't Know

*If yes, please explain:

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How strongly do you recommend this student?

- Enthusiastically Strongly Fairly Strongly Without Enthusiasm Not Recommended
Parent involvement: Much Usually Rarely Not Involved Don't Know
Parent cooperation: Very Cooperative Usually Cooperative Not Cooperative

Thank you for your assistance. You may return this completed form to the student in a sealed envelope, fax it, scan it and attach it to an email to the School, or simply mail it.

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