



ISE

Confidential Evaluation Form

Teacher
Kindergarten and 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?

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Please check the appropriate boxes:

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			

What frustrates this child? _____

Physical Development

	Outstanding	Age Appropriate	Needs Development
Speech Development			
Small muscle control and development			
Large muscle control and development			

Pre-Academic Skill Development

	Outstanding	Age Appropriate	Needs 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			

Please describe the student's development of:
basic reading skills

basic math skills

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

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:

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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