



ISE

Confidential Evaluation Form

Teacher

Pre-Kindergarten

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? _____

Please check the appropriate boxes: 5=Areas of Strength 4=Age Appropriate 3=Working Towards
2=Areas of Concern 1=Not Applicable

Social / Emotional

	5	4	3	2	1
Separates easily from parent					
Shares well					
Becomes engaged: with peers					
Becomes engaged: with adults					
Accepts limits / boundaries					
Allows others a turn					
Can make transitions					
Tolerates frustration: with chosen tasks					
Tolerates frustration: with assigned tasks					
Cooperates					
Can resolve problems					
Respects self / own property					
Respects others / their property					
Assumes classroom routines					
Shows confidence					
Accepts guidance					
Displays good manners					
Appreciates humor					
Is aware of others' feelings					
Shows initiative					
Shows good impulse control					

Pre-Academic Skill Development

	5	4	3	2	1
Stays on topic					
Is curious / investigative					
Shows imagination					
Attends well: to self-chosen tasks					
Attends well: in a group					
Understands directions					
Follows directions: given to a group					
Follows directions: given individually					
Works independently					
Completes tasks					
Understands stories read aloud					
Understands discussions					
Remembers events and information					
Speaks fluently					
Speaks clearly					
Can focus on one task					
Uses full vocabulary					
Can tell stories in sequence					
Understands one to ten counting					
Recognizes colors and shapes					
Understands comparisons (size)					
Can categorize (fruits, animals, etc.)					
Can follow simple patterns					

Physical Development and Health

Gross motor coordination					
Fine motor coordination					
Sense of body in space					
Balance					
General Health					

Resilience

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Additional Comments:

How many days per week does this child attend your program? _____

What is the length of the session? _____

How would you describe this child's **temperament**?

What activities does this child especially enjoy?

Please describe the quality of this child's interactions with peers. Does he/she play with children of both genders? Does he/she show a preference for group or individual activities?

Please comment briefly on any **strengths**:

Please comment briefly on any **concerns**:

Please comment briefly on any **health issues** (diet, medication, etc.):

Have you observed any signs of learning disabilities? Yes* No Don't Know

Does student 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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