

Independent Schools of the San Francisco Bay Area Common Confidential Student Evaluation Form

www.issfba.org

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. In addition, I permit my child's current school staff to speak with any inquiring admission staff. All communication between schools will remain confidential and I will not have access to the content of any conversation.

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? _____ Is English child's primary language? _____ Language (if not English) _____

What three words come to mind when describing this child?

_____ / _____ / _____

What inspires this child? What discourages this child? _____

For each item in the table below, please check the most developmentally age-appropriate description of this child.

Personal Characteristics	Did Not Observe	Needs Improvement	Emerging	Noticeably Developing	Age Appropriate Consistent	Advanced	Exceptional
Ability to work in a group							
Ability to work independently							
Intellectual curiosity							
Imagination							
Motivation/Effort							
Leadership potential							
Classroom conduct							
Self-confidence							
Respect for teachers							
Reaction to criticism							
Integrity/Trustworthiness							
Persistence							
Relationship with peers							
Accepts responsibility for actions							
Uses language to problem solve							
Demonstrates self-control							
Consideration of others							
Maturity							
Sense of humor							
Seeks advice/help when needed							

Comments: _____

For each item in the tables below, please check the most developmentally age-appropriate description of this child.

Academic Performance

Did Not Observe Needs Improvement Emerging Noticeably Developing Age Appropriate Consistent Advanced Exceptional

Academic ability							
Academic performance							
Participation in discussions							
Ability to express ideas orally							
Ability to express ideas in writing							
Follows directions							
Prepared for class							
Attention span							
Use of class time							
Seeks help when needed							

Comments: _____

Family Information

Did Not Observe Rarely Sometimes Usually Consistently

Has realistic expectations for their child					
Communicates openly with the school					
Follows the rules and policies of the school					
Cooperates with classroom teachers					
Follows through with school recommendations					
Cooperates with school administration					
Participates in school activities					
Is punctual with drop-off and pick-up procedures					

Comments: _____

What are this child's greatest strengths? _____

What are this child's challenges? _____

Describe this child's approach to learning (hands on, visual, kinetic, auditory, logical) and/or what kind of classroom environment would be a good match for this child. _____

Child's enrollment period at your school:

Start Date Month: _____ Year: _____ **End Date** Month: _____ Year: _____

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 _____ Phone _____

Your signature _____ Date _____

School Name _____ Director/Principal's Name: _____

_____ Director/Principal's Phone: _____