

for this child.

Independent Schools of the San Francisco Bay Area Common Confidential Student Evaluation Form (Pre K - 1st Grade Applicants)

www.issfba.org Child's Name _ Date of Birth Applying to Grade Month/Day/Year Last To be completed by the parent/guardian: Complete the above information and read/sign the statement below. Give a signed copy of this form to your child's teacher(s) and request that they send it directly to the schools to which your child is applying by each school's due date. For the child named above, I give my permission 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 and/or welcome a visit from any inquiring admission staff member, so that they may learn more about my child for admissions purposes. 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) Signature of parent/guardian To be completed by the teacher/school: Form completed by (print name)____ ______ Position _____ Date ____ Your signature Director/Principal's email _____ School name Director/Principal's phone ___ Director/Principal's name ___ To be completed by 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 save this completed form for your records and email or mail a copy directly to each of the indicated schools. We sincerely appreciate your cooperation in evaluating this applicant honestly and assure you that this information will be held in confidence. Please be sure the parent/guardian has signed above. Name of School I am the student's ☐ Current Teacher ☐ Previous Teacher Child's Enrollment Start Date _____ End Date ____ How long have you known this child? ___ Is English the child's primary language? ____ Language____ Length of school day____ Number of days per week ____ List **three** words to describe this child: 1. For each item in the tables below, please check the most developmentally age-appropriate description of this child. **Pre-Academic Characteristics** Not Evident Needs Improvement Emerging Age Appropriate Advanced Fine motor coordination (lacing, puzzles, etc.) Uses appropriate pencil grip Draws with details Completes tasks Speech is clear and understandable Vocabulary Ability to stay on discussion topic Tells story events in sequence (memory) Asks questions to extend understanding Sound-symbol correspondence Recognizes letters: upper case lower case Recognizes numerals Recognizes shapes Transitions easily Listens to directions Follows multi-step directions Attention span for teacher-led activity Ability to work independently Ability to focus and contribute in large group Ability to focus and contribute in small group Hand Dominance: □ Right □ Left □ Not Established Describe the child's ability to focus on and complete a task, both self-chosen and teacher-led tasks: What are this child's 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

Child's NameLast	First		Middle		
Personal Characteristics Self-help skills (clothes, bathroom, lunch, etc.)	Not Evident	Needs Improvement	Emerging	Age Appropriate	Advanced
Self motivation					
Demonstrates self-esteem					
Acceptance of limits					
Sense of humor					
Curiosity					
Attention span for self-chosen activity					
Follows classroom procedures					
Usually takes role of: ☐ Leader ☐ Follower ☐	Varies				
Describe this child's willingness to receive feedback and their level of comfort in trying new activities:					
For each item in the tables below, please check the most developmentally age-appropriate description of this child:					
Social & Physical Development	Not Evident	Needs Improvement	Emerging	Age Appropriate	Advanced
Separation from parents/guardians/caregivers Interaction with parents/guardians					
Ability to share and work cooperatively					
Ability to wait turn					
Cooperative attitude					
Empathy toward others					
Responds positively to redirection					
Ability to resolve problems verbally					
Ability to resolve conflict without physical					
engagement					
Accepts responsibility for actions					
Demonstrates self-control					
Integrity/trustworthiness					
Interaction with peers in classroom					
Interaction with teachers					
Participates in physical group activities					
Ability to engage in positive interactions on the playground					
Body and space awareness					
Gross motor coordination: balance, gait,					
fluidity Usually chooses: □ Large group □ Sma	Il group 🗆 🗆	Alone			
Describe this child's ability to resolve conflicts with peers:					
Family Information	Did Not Observ	e Rarely	Sometimes	Usually	Consistently
Has realistic expectations of child	1				
Follows through with school recommendations					
Participates in school activities	1			-	
Cooperates with classroom teachers					
Cooperates with school administration					
Is punctual with drop-off & pick-up procedures Respectful of teachers' time					
•	1			1	
Describe the family's partnership with your school community:					
RECOMMENDATION:					
☐ Child is ready for the grade they are applying for ☐ Check here if you have reservations about the child's readiness for the grade they are applying for (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.