

This form should be mailed by the completing professional directly to:
Director of Admissions | Six Community Road | Marblehead, MA 01945

Student Evaluation

FOR CHILDREN ENTERING PRE-KINDERGARTEN, KINDERGARTEN AND GRADE ONE

SECTION I:

Name of child: _____ Applicant for grade: _____

I have known this candidate for: _____ years _____ months. Number of children in class: _____ Age range: _____

Is child generally on time for school? Yes No Attendance pattern: _____

My relationship with this candidate has been that of: _____

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

To the teacher or school director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. **This evaluation will be kept in strict confidence, will be reviewed only by the admission committee and will not become part of the student's permanent record.** Your insights will be used solely to help inform a thoughtful admission decision that will result in the best placement for each child.

SECTION II: Social/Emotional Development (please check best descriptor)

	Area of Strength	Age-Appropriate	Progressing Toward Age-Appropriate	Possible Area of Concern	Comments
Separates easily from parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finds ways to enter group play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engages in imaginative play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares well without prompting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is able to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is able to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays alone comfortably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participates willingly in group clean-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects the rights and property of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows concern towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stands up for self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses words to resolve conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates flexibility in problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an appropriate sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts responsibility for behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION III: Cognitive Development (please check best descriptor)

	Area of Strength	Age-Appropriate	Progressing Toward Age-Appropriate	Possible Area of Concern	Comments
Attends to an adult-directed activity for the expected length of time (e.g., morning meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands the give and take of group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contributes (positively) to group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows 2-3 step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates persistence in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates the ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willingly tries new activities and challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recalls and utilizes prior information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily grasps new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is able to bring a chosen activity to closure when directed by an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds positively to teacher redirection and limit setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adjusts easily to classroom rules and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adapts to change in routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moves easily from one activity or space to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION IV: Physical Development (please check best descriptor) Handedness: Right Left Mixed

	Area of Strength	Age-Appropriate	Progressing Toward Age-Appropriate	Possible Area of Concern	Comments
Eye-hand coordination and dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pencil grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits self-help skills (e.g., hand-washing, bathroom skills, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily tolerates a variety of sensory stimuli (e.g., loud sounds, textures, touch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Awareness of personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is independently able to maintain sitting position at circle time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates competent gross-motor skills (e.g., running, hopping, climbing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balance and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION V: Speech & Language Development (please check best descriptor)

	Area of Strength	Age-Appropriate	Progressing Toward Age-Appropriate	Possible Area of Concern	Comments
Understands most of what is said at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses detailed sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tells stories that stick to the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child's speech is intelligible in most contexts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION IV: Parent & Family Information (please check best descriptor)

Has/have the parent(s) of this child been:	Consistently	Usually	Occasionally	Seldom	Comments
Supportive of the child's experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supportive of your school's programs/routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supportive of you as a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsive to suggestions/guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Realistic in setting educational goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To your knowledge, is the parents' perception of the child compatible with the school's understanding of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FOR CANDIDATES FOR GRADE ONE ONLY

Please comment on:

- Beginning reading-readiness skills (recognizes letters, writes own name, knows sound/symbol relationships):

- Beginning math-readiness skills (one-to-one counting, recognizes numbers, recognizes colors/shapes, follows patterns):

SECTION VII: Closing

Please comment on this child's ability to meet the expectations of your program. Have you adjusted your program to accommodate the needs or abilities of this child?

We encourage any other information which you think would be helpful. Please feel free to write in the space provided on the back of this form if necessary.

Your name: _____ Date: _____ School telephone: _____
 Email: _____ School: _____
 Address: _____

If you would like to discuss this applicant/family further, please provide your telephone number(s) and the best time for us to call.

Daytime phone: _____ Evening phone: _____ Best time to call: _____

Thank you for your candor and your thoughtful insights

