Brandeis Hillel Day School • Carey School • Cathedral School for Boys • Children's Day School • Chinese American International School
French American International School • Gideon Hausner Jewish Day School • Hamlin School • Hillbrook School • International School of the Peninsula
Katherine Delmar Burke School • Keys School • Live Oak School • Lycee Francais La Perouse • Marin Country Day School • Marin Horizon School
Marin Primary & Middle School • Mount Tamalpais School • The Nueva School • Presidio Hill School • Ring Mountain Day School
Ronald C. Wornick Jewish Day School • Saint Andrew's Episcopal School • Saint Mark's School • San Domenico School
San Francisco Friends School • San Francisco Day School • The San Francisco School • San Francisco Waldorf School • Schools of the Sacred Heart:
Convent Elementary & Stuart Hall for Boys • Sea Crest School • Synergy School • Town School for Boys • Trinity School • Yavneh Day School

Confidential Student Evaluation Form for Grades PreK-1

Child's name _____ Date of birth _____ Applying to grade _____
last first month/date/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 each school listed above to which the child is applying.

For the child named above, I give permission for you to release the information on this form to any of the schools listed above. I understand that I will not have access to this confidential information.

Name of child's parent/guardian (please print) _____ Date _____

Signature of child's parent/guardian _____

To the teacher: It is only necessary to complete this form once for any child applying to one or more of the above schools. Consult with the child's parents regarding the school(s) to which the family is applying. Feel free to photocopy this completed form and send it directly to the school(s). 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 has signed above.

How long have you known this child? _____ Date of entry into your program _____

Length of school day _____ Number of days per week _____ Is English applicant's primary language? _____

Hand Dominance: ☐ Right ☐ Left ☐ Not Established

PLEASE CHECK APPROPRIATE BOXES: 4=Strength 3=Developmentally appropriate 2=More time needed 1=Area of concern

	4	3	2	1
Self-help skills (clothes, bathroom, lunch)				
Fine motor coordination (lacing, puzzles)				
Draws with details				
Uses appropriate pencil grip				
Works with manipulatives				
Gross motor coordination				
Body and space awareness				
Balance, gait, fluidity, smoothness of movement				
Participates in physical group activities				
Speech is clear and understandable				
Vocabulary				
Ability to stay on discussion topic				
Tells story events in sequence				
Asks questions to extend understanding				
Uses language to problem solve				
Sound-symbol correspondence				
Recognizes letters: upper case				
lower case				
Recognizes numerals				
Recognizes shapes				
Demonstrates self-esteem				
Demonstrates self-control				
Acceptance of limits				

	4	3	2	1
Self-motivation				
Interaction with peers				
Interaction with teachers				
Interaction with parents/guardians				
Separation from parents/guardians/caregivers				
Ability to share and work cooperatively				
Ability to wait turn				
Respect for own property				
Respect for others' property				
Accepts responsibility for actions				
Sense of humor				
Curiosity				
Attention span/self-chosen activity				
Attention span/assigned activity				
Cooperative attitude				
Transitions easily				
Listens to directions				
Follows directions and completes tasks				
Ability to work independently				
Ability to focus and contribute in: large group				
small group				
Resolves conflict: verbally				
physically				

Usually chooses: ☐ Large group ☐ Small group ☐ Alone

Usually takes role of: ☐ Leader ☐ Follower ☐ Varies

PLEASE COMMENT ON THE FOLLOWING:

1. Child's strengths and/or limitations _____

_____

_____

_____

2. Do the parents/guardians support/follow through on specific school recommendations? _____

_____

_____

_____

3. Are parental expectations of child realistic?_____

_____

_____

4. Are there any special concerns about the child's attendance or promptness in arrival or departure?_____

_____

_____

5. What kind of program would you like to see for this child? _____

_____

_____

6. Please make any other comments you wish to make about the applicant. Include any circumstances of which we should be aware.

_____

_____

_____

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.

Your name (please print) _____ Position _____

School _____ Phone _____

Your signature _____ Date _____