



East Lake Academy
 13911 W Laurel Drive
 Lake Forest, Illinois 60045
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Student Evaluation Form

Pre-Kindergarten, Kindergarten, and First Grade

Parents, please submit this form to your child's current teacher with a stamped, addressed envelope.

Date: _____

Student Name: _____ Current Grade: _____

I give _____ my permission to answer the following questionnaire with regard to my child.

Parent's Signature

School Name

Street Address

City/State/Zip

School Telephone Number

School Currently/Formerly Attending:

TO: PRINCIPAL or TEACHER

The student named above has applied for admission into the ____ grade at East Lake Academy for the academic year _____. Your help is requested in supplying as much of the information below as possible so that we can better meet the needs of this student.

Length of time at this school: _____

Does student have a satisfactory attendance record? ____ Yes ____ No

I. Please grade the following areas with a check mark:

	Excellent	Good	Average	Poor
<u>READINESS:</u>				
Attention Span	_____	_____	_____	_____
Comprehension (Understands school vocabulary)	_____	_____	_____	_____
Retains Information (Memory)	_____	_____	_____	_____
Follow Directions (Completes work with normal amount of help)	_____	_____	_____	_____
Oral Expression (Communicates clearly and distinctly)	_____	_____	_____	_____
Gross Motor Development	_____	_____	_____	_____
Fine Motor Development				
Writing	_____	_____	_____	_____
Coloring (crayons)	_____	_____	_____	_____
Cutting	_____	_____	_____	_____
<u>BEHAVIORIAL:</u>				
General Attitude toward School	_____	_____	_____	_____
Classroom Conduct	_____	_____	_____	_____
Effort and Cooperation	_____	_____	_____	_____
Ability to Cope with Stress (Frustration)	_____	_____	_____	_____
Ability to Wait His/Her Turn	_____	_____	_____	_____
Relationship with Teacher	_____	_____	_____	_____

SOCIAL:

	Excellent	Good	Average	Poor
Relationship with Peers	_____	_____	_____	_____
Ability to be Part of a Group Activity without Adult Assistance	_____	_____	_____	_____
Plays with Others in Co-operative Play	_____	_____	_____	_____

II. Rate the applicant on the following:

	(1) Above Average	(2) Average	(3) Below Average
Academic Progress	_____	_____	_____
Behavioral Development	_____	_____	_____
Social Maturity/ Emotional Development	_____	_____	_____

III. Check One:

	All	Some	None
Applicant recognizes letters	_____	_____	_____
Applicant writes letters	_____	_____	_____
Applicant knows letter sounds	_____	_____	_____
Applicant knows basic colors	_____	_____	_____
Applicant knows basic shapes	_____	_____	_____
Applicant recognizes numbers to: _____			
Applicant writes numbers to: _____			

IV. Reading Series and present level of child – Please Explain: _____ Is the applicant reading? _____

V. Math Series and present level of child – Please Explain: _____

VI. Please describe any disabilities (physical, emotional, mental, language barriers, family situations), **which affect this student’s progress:** _____

VII. Discipline – Please Comment: _____

VIII. Previous educational/psychological tests administered to applicant. Describe and enclose copies (if possible). _____

Has the student ever been so advised to participate in such a program? ____ Yes ____ No

Any other comments: _____

Thank you for your time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decision. Please sign and send this completed form, transcript, and school to East Lake Academy. Please indicate the best date and time for us to contact the applicant’s teacher.

Signature of Teacher	Date	Best Date/Time To Be Contacted	Telephone Number
Signature of Principal	Date	Best Date/Time To Be Contacted	Telephone Number

Has this family completed all of their financial commitments? ____ Yes ____ No
 Has this family met their financial commitments in timely manner? ____ Yes ____ No