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 Appl					Applyir	lying to grade:		
last first	: m	middle			month/day	/year			
To the parent/guardian: Print the above with a stamped envelope addressed to the For the child named above, I give am applying and understand that current school staff to speak with confidential and I will not have as	e school(s) to e permission f t I will not have n any inquiring	which yo or you to e access admissi	our child release to this constaff.	is app the in onfide All co	olying. Information on this Information. Inmmunication betw	form to the school In addition, I perm	(s) to which i iit my child's		
Name of parent/guardian (please print)			-			Date			
Signature of parent/guardian									
To the teacher: It is only necessary to combine the family is applying. Please photo We sincerely appreciate your cooperation confidence. Please be sure the parent/guar How long have you known this child?	copy this com in helping to e ardian has sig	pleted for evaluate ned abov	orm and this app this app /e.	<u>send</u> licant	it directly to the sc and assure you th	hool(s); file the ori	ginal for your will be held	<u>r records</u> . in	
		Is English child's primary language? Language (if not English)er of days per week Date of entry to your program?							
What three words come to mind when des	scribing this ch	ild?			Date of entry	to your program?	Month	& Year	
For each item in the tables below, pleas	se check the	most de	velopm	ental	ly age-appropriat	e description of t	his child.		
Pre-academic Characteristics	Not E	vident	Emerg	ing	Age Appropriate	Advanced	Exception	onal	
Fine motor coordination (lacing, puzzles, e	etc.)								
Uses appropriate pencil grip									
Draws with details									
Works with manipulatives									
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 directions and completes tasks									
Attention span for teacher led activity									
Ability to work independently									
Ability to focus and contribute in: large gr									
small gr	oup								
Hand Dominance: ☐ Right ☐ Left	□ Not Establish	ed							
Comments:									
Personal Characteristics	Not Ev	ident	Emerg	nina	Age Appropriate	Advanced	Exception	onal	
Self-help skills (clothes, bathroom, lunch,				,3	Т де т фртерната				
Self Motivation	,								
Demonstrates self-esteem									
Acceptance of Limits									
Sense of humor									
Curiosity									
Attention span / self-chosen activity									
Usually takes role of: ☐ Leader ☐ Follow	wer 🔲 Varie	S							
Comments:									

For each item in the tables below, please che	ck the most de	velopmentall	ly age-appropriate	description of t	his child.
Social & Physical Development	Not Evident	Emerging	Age Appropriate	Advanced	Exceptional
Separation from parents/guardians/caregivers					
Interaction with parents/guardians					
Ability to share and work cooperatively					
Ability to wait turn					
Cooperative attitude					
Resolves conflict: verbally					
physically Page 25 for 2002 property					
Respect for own property Respect for others' property					
Accepts responsibility for actions					
Uses language to problem solve					
Demonstrates self-control					
Integrity/trustworthiness					
Interaction with peers					
Interaction with teachers					
Participates in physical group activities					
Gross motor coordination					
Body and space awareness					
Balance, gait, fluidity, smoothness of movement					
Usually chooses: ☐ Large group ☐ Small	group \square	Alone			
Comments:					
Facility to the constitution	Did Not				
Family Information	Observe	Rarely	Sometimes	Usually	Consistently
Has realistic expectations of child Follows through with school recommendations					
Participates in school activities					
Cooperates with classroom teachers					
Cooperates with school administration					
Is punctual with drop-off & pick-up procedures					
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Comments:					
What are this child's greatest strengths/gifts?					
What are this child's greatest challenges?					
What are this child's greatest challenges:					
Describe this child's approach to learning (hands	on, visual, kine	tic, auditory, l	ogical) and/or what	kind of classroor	n environment would
be a good match for this child.					
be a good matern for this orma.					
Childle annullment newled at your acheal.					
Child's enrollment period at your school:					
Start Date Month:Year:		End D	ate Month:	Year:_	<u>.</u>
SPECIFIC RECOMMENDATION:					
	Recommended with	th reservations			ecommendation (please
•	explain below)		exp	olain below)	
☐ Check here if any information pertaining t add further narrative on additional page(s		nily would be	better communic	ated by phone.	Please feel free to
Form completed by (print name)		Positio	on	Date	
Your signature		Fmail		Phone	e
				1 110110	-
School Name		Directo	or/Principal's Email		
			_		
Director/Principal's Name		Direct	or/Principal's Phone _		