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**_____
Last First Middle Month/Day/Year

To 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) _____ **Date** _____

Signature of parent/guardian _____

To 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 the original 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.

How long have you known this child? _____ Is English the child's primary language? _____ Language (If not English) _____

Length of school day _____ Number of days per week _____ Date of entry to your program _____
Month/Year

What three words come to mind when describing this child?

_____ / _____ / _____

For each item in the tables below, please check the most developmentally age-appropriate description of this child:

Pre-Academic Characteristics	Not Evident	Emerging	Age Appropriate	Advanced	Exceptional
Fine motor coordination (lacing, puzzles, 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 group					
small group					

Hand Dominance: ☐ Right ☐ Left ☐ Not Established

Comments: _____

_____

Personal Characteristics	Not Evident	Emerging	Age Appropriate	Advanced	Exceptional
Self-help skills (clothes, bathroom, lunch, etc.)					
Self motivation					
Demonstrates self-esteem					
Acceptance of limits					
Sense of humor					
Curiosity					
Attention span / self-chosen activity					

Usually takes role of: ☐ Leader ☐ Follower ☐ Varies

Comments: _____

_____

For each item in the tables below, please check the most developmentally age-appropriate description of this 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					
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 ☐ Alone

Comments: _____

_____

Family Information	Did Not 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					

Comments: _____

_____

What are this child's greatest strengths/gifts? _____

_____

What are this child's greatest 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 for this child. _____

_____

Child's enrollment period at your school:

Start date Month _____ Year _____ **End date** Month _____ Year _____

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.**

Form completed by (print name) _____ Position _____ Date _____

Your signature _____ Email _____ Phone _____

School name _____ Director/Principal's email _____

Director/Principal's name _____ Director/Principal's phone _____