



Student Evaluation Form

To be filled out by parent:

Date: _____

Student's Name: _____
Last First Middle

Applying for grade: _____ Date of Birth: _____
Month Day Year

I hereby give permission for you to release the information on this form concerning my child, _____ to Star of the Sea Schools.

I, the parent, understand that I will not have access to this confidential information.

Parent Signature

To be filled out by child's present school and sent to Star of the Sea:

The above-named student has applied for acceptance into our school as indicated. We ask you to complete this form, which will assist us in deciding if our program suits this child's educational needs. We sincerely appreciate your cooperation in helping to evaluate this student and we assure you that this information will be held in confidence.

Name of School: _____

Student's Current Grade: _____

How long have you known this student: _____

Date of entry in your program: _____

Length of school day: _____ Number of days per week: _____

Language(s) spoken in the home: _____

Student Evaluation Form

Student's Name: _____ Date: _____

4 = strong area 3 = age appropriate 2 = needs development 1 = area of concern

Personal Development	4	3	2	1
Can be a friend				
Plays cooperatively				
Is supportive of peers				
Relates comfortably with adults				
Shares well				
Demonstrates self-confidence				
Accepts responsibility for behavior				
Solves own problems				
Displays flexibility with changes in routines				
Exhibits creativity/imagination				
Is willing to try new activities				
Separates easily from parent(s)				
Accepts limits				
Can take turns				
Accepts constructive criticism				

Physical Development	4	3	2	1
Small muscle control and coordination (e.g. scissor cutting, writing, etc.)				
Large muscle control and coordination (e.g. running, jumping, etc.)				
Speech development				

Skills Development	4	3	2	1
Listens attentively in small group				
Listens attentively in total class group				
Follows directions				
Completes tasks				
Can focus on a single task				
Works independently				
Respects classroom routine				
Makes own choices				
Moves easily between activities				
Uses material purposefully				
Is self-motivated				



Student Evaluation Form (cont'd)

Please comment on the following:

1. Activities this child prefers: _____

2. Most likely to avoid this learning task: _____

3. The child's interaction with peers: _____

4. The child's interaction with parents: _____

5. Need for attention: _____
6. Activity/excitability level: _____
7. How child handles frustration: _____
8. What kind of program would you like to see for this child:

9. We welcome any other information that you think would be helpful. Please include comments concerning any special needs of this child and/or family:

Student Evaluation Form (cont'd)

Specific Recommendation:

_____ **Highly Recommended**

_____ **Recommended**

_____ **Recommended with reservations**

_____ **Prefer not to make recommendation (*please explain below*)**

Name _____

School Name _____

School Address _____

Signature _____