Independent Schools of the San Francisco Bay Area Common Confidential Student Evaluation Form (Pre K - 1st Grade Applicants) <u>www.issfba.org</u>

Last First Middle Month/Day/Year 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 teachers) and request that they send it directly to the schools of which your child a sphyling by each schools of which and applying and understand that I with an applying and understand that I with a dire applying a dire and states applying the adversal with a dire applying and understand that I with a dire applying the adversal with dis applying I washat scheed to with a dire	Child's Name				Date	of Birth	Applyin	g to Grade
teacher(s) and request that they send it directly to the schools to which your child is applying by each school sub deale. For the child nemed above 1 give my permission to release the information on this form to the school(s) to which 1 am applying and understand that 1 with a dark school staft for any induming administic they may harm more about my child is current school staft for speak with and/or nelecone a visit from any induming administic they may harm more about my child is current school staff for speak with and/or nelecone a visit from any induming administic they may harm more about my child for admissions purposes. All communication between schools will remain confidential, and i will not have access to the confidential of any conversation. Name of parent/guardian (please print)		Last	First	Mido	lle	Month/D	ay/Year	
not have access to this confidential information. In addition, I permit my child's current school staff to sigeak with and/or vielcome a visit from any inguing admission staff members, 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]								n to your child's
Signature of parent/guardian	not have access to thi inquiring admission st	s confidential inf aff member, so t	ormation. In add hat they may lea	lition, I permit my arn more about m	child's current s y child for admis	school staff to speak	with and/or welcome	e a visit from any
Signature of parent/guardian	Name of parent/gu	ardian (please	e print)				Date	
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 ic opprivation 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 ####################################								
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 <code>;rmmumanMonth/Year</code> 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: Fre-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 shapes I ranstions easily I use and completes tasks Recognizes shapes I appropriate lead in the intervence Speech is Clear and understanding Ability to focus and completes tasks I use I user I	-							
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? //	applying. Please save cooperation in evaluat	the original for y	,our records and	l email or mail a c	opy directly to e	each of the indicated	schools. We sincere	ly appreciate your
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Fine motor coordination (lacing, puzzles, etc.) Image: Constraint of the second se			-				-	
Uses appropriate pencil grip				Not Evident	Emerging	Age Appropriate	Advanced	Exceptional
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Personal Characteristics Not Evident Emerging Age Appropriate Advanced Exceptional	Comments:							
Personal Characteristics Not Evident Emerging Age Appropriate Advanced Exceptional								
Personal Characteristics Not Evident Emerging Age Appropriate Advanced Exceptional								
	Personal Charac	teristics		Not Evident	Emerging	Age Appropriate	Advanced	Exceptional

reisonal 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:							
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	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							
Comments:							
What are this child's greatest strengths/gifts?							
What are this child's greatest strengths/gifts?							

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vviial	are	uns	criliu 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 goo	od match
for this child.				

Child's enrollment period at your school:									
Start date MonthYear		End date Month		Year					
SPECIFIC RECOMMENDATION:									
□ Recommended	ith reservations (<i>please</i>	Prefer not explain be		ation (<i>please</i>					
Check here if any information add further narrative on addit	ional page(s) if desired.	-		y phone. Please fee					
Your signature		Email		Phone					
School name	Director/Principal'	Director/Principal's email							
Director/Principal's name	Director/Principal's	Director/Principal's phone							