



ST. MICHAEL SCHOOL

Established 1873

3

Student Evaluation Form – Kindergarten

Confidential

Student Information

Full Name: _____ Date: _____

Current School: _____ Grade applying: _____

Waiver

Buckley Waiver: I understand that the Family Education Rights and Privacy Act of 1974 (the Buckley Amendment) guarantees that my child's academic record will not be discussed with or disclosed to any third party without my written waiver, I hereby waive this right and authorize _____ (current school) to release and discuss my child's records with St. Michael School. I waive my rights of access and that of my child to this teacher recommendation. I ask that the teacher complete this evaluation and mail it directly to St. Michael School. I further understand that I have a right to rescind or restrict this waiver in writing at any time.

Mother/Guardian Name

Mother/Guardian Signature

Date

Father/Guardian Name

Father/Guardian Signature

Date

To Teacher

Thank you for the time and effort you have taken in completing this evaluation. All information will be considered confidential. Your recommendations do have a bearing on our decision.

Teacher's Name _____ Grade taught _____

I have known this applicant for _____ years.

1. Does the student have a satisfactory attendance record? Yes No
2. Does the student have a history of being tardy? Yes No

Readiness Evaluation

Grade the following areas with: E (Excellent) G (Good) F (Fair) P (Poor)

1. ___ Attention Span

4. ___ Ability to follow directions
(completes work with normal amount of help)

7. Fine Motor Development

2. ___ Comprehension
(understands school vocabulary)

5. ___ Oral Expression
(communicates clearly and distinctly)

a. ___ Writing
b. ___ Coloring (crayons)

3. ___ Retains Information
(memory)

6. ___ Gross Motor Development

c. ___ Cutting

Behavioral Evaluation

Grade the following areas with: E (Excellent) G (Good) F (Fair) P (Poor)

1. ___ General Attitude toward School

3. ___ Effort and Cooperation

5. ___ Ability to Wait his/her Turn

2. ___ Classroom Conduct

4. ___ Ability to Cope with Stress
(frustration)

6. ___ Relationship with Teacher

Social Evaluation

Grade the following areas with: E (Excellent) G (Good) F (Fair) P (Poor)

1. _____ Relationship to Peers
2. _____ Considerate of Others
3. _____ Ability to be Part of a Group
(without Adult Assistance)
4. _____ Plays with Others (in Co-operative play)
5. _____ Behavioral Development
6. _____ Social Maturity/Emotional Activity
Development

Academic Evaluation

1. Applicant
 - a. Recognizes letters: All Some None
 - b. Write letters: All Some None
 - c. Knows letter sounds: All Some None
 - d. Knows basic colors: All Some None
 - e. Knows basic shapes: All Some None
2. Applicant recognizes numbers to: _____
3. Applicant writes numbers to: _____
4. Is the applicant reading? _____
5. Discipline – Please comment: _____

6. Describe any difficulties (physical, learning, emotional, social, behavioral, language barriers or family situations), which may affect the applicant's progress. _____



Please mail directly to:

Admissions Office
St. Michael School
63 Liberty Street
Pawcatuck, CT 06379

Family Involvement

Please rate parental involvement in the following areas with: E (Excellent) G (Good) F (Fair) P (Poor)

_____ Volunteerism _____ Cooperation _____ Involvement in School Affairs

Teacher Recommendation

Please select one of the following levels of recommendations:

- | | |
|--|---|
| <input type="checkbox"/> Highly Recommend | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with Reservations because: _____ _____ _____ | <input type="checkbox"/> Do not Recommend because: _____ _____ _____ |

We would appreciate additional comments and observations concerning the strengths, weaknesses, health or special needs of this student. We welcome any other information, which you think would be helpful to differentiate this student among the other applicants.

Teacher Name

Teacher Signature

Date