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
2.____ Comprehension (understands school vocabulary)
3.____ Retains Information (memory)
4.____ Ability to follow directions (completes work with normal amount of help)
5.____ Oral Expression (communicates clearly and distinctly)
6.____ Gross Motor Development
7. Fine Motor Development
   a.____ Writing
   b.____ Coloring (crayons)
   c.____ Cutting

Behavioral Evaluation

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

1.____General Attitude toward School
2.____ Classroom Conduct
3.____ Effort and Cooperation
4.____ Ability to Cope with Stress (frustration)
5.____ Ability to Wait his/her Turn
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. _____

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

ST. MICHAEL 1873 SCHOOL

Please mail directly to:

Admissions Office
St. Michael School
131 West Broad Street
Pawcatuck, CT 06379

Teacher Recommendation

Please select one of the following levels of recommendations:

❑ Highly Recommend
❑ Recommend
❑ Recommend with Reservations because:
❑ 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