



Confidential Student Evaluation Form (K-1)

Child's Name _____ Date of birth _____ Applying to grade _____
last first month/day/year

To the Parent/Guardian: Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to St. Patrick School.

For the above named child, I give permission for you to release the information on this form to St. Patrick School and waive my right to access this confidential information.

Name of child's parent/guardian (please print) _____ Date: _____

Signature of child's parent/guardian _____

To the Teacher: This recommendation will remain confidential and will not become part of the student's permanent academic record. Please be sure that the parent has signed above. We sincerely appreciate your cooperation and candor.

How long have you known this child? _____ Date of entry into your program _____

Length of school day _____ Number of days/week _____ English primary language? _____

Please mark each category with: S = successful N = needs to grow

| | | | |
|---|----------------|---------------------------------------|--|
| Uses same hand consistently | | Self-motivation | |
| Competent toileting skills | | Interaction with peers | |
| Dresses self | | Interaction with teachers | |
| Self-sufficient during lunch | | Interactions with parent/guardian | |
| Fine motor coordination | | Ability to separate | |
| Appropriate pencil grip | | Ability to share and cooperate | |
| Gross motor coordination | | Ability to wait turn | |
| Works with manipulatives | | Respect for property | |
| Body and space awareness | | Accepts responsibility | |
| Participates in physical group activities | | Curiosity | |
| Expresses needs / resolves conflicts | | Ability to transition | |
| | verbally | | |
| | physically | | |
| Draws recognizable pictures | | Listens | |
| Demonstrates self-control | | Follows directions and completes task | |
| Uses scissors | | Ability to work independently | |
| Clear, understandable speech | | Able to focus and contribute in | |
| Recognizes | | Large group | |
| | colors by name | Small group | |
| | numerals | Demonstrates self-esteem | |
| | letters | Accepts limits | |

Does this child have good physical health/stamina? yes no

Does this child have any needs or problems that might require special services?

yes no If yes please explain _____

Do the parents/guardians support/follow through on specific school recommendations? yes no

If no please explain _____

Are parental expectations of the child realistic? yes no

If no please explain _____

Are there any special concerns about the child's attendance or promptness in arrival or departure? yes no

If yes please explain _____

Please make any other comments you wish to make about the applicant. Include any circumstances of which we should be aware:

Check here if any information pertaining to this child would be better communicated by phone. Please feel free to add additional comment pages.

May we call you if we have any further questions? yes no

Your Name: _____ Position: _____

School: _____ Phone: _____

Signature: _____ Date: _____