



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

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Applying to Grade \_\_\_\_\_  
Last First Middle Month/Day/Year

**To be completed by the parent/guardian:** Complete the above information and read/sign the statement below. Give a signed copy of this form to your child's teacher(s) and request that they send it directly to the schools to which your child is applying by each school's due date.

*For the child named above, I give my permission to release the information on this form to the school(s) to which I am applying and understand that I will not have access to this confidential information. In addition, I permit my child's current school staff to speak with and/or welcome a visit from any inquiring admission staff member, 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) \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**To be completed by 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 is applying. Please save this completed form 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.

Name of School \_\_\_\_\_ I am the student's ☐ Current Teacher ☐ Previous Teacher

Child's Enrollment Start Date \_\_\_\_\_ End Date \_\_\_\_\_ How long have you known this child? \_\_\_\_\_

Is English the child's primary language? ☐ Language \_\_\_\_\_ Length of school day \_\_\_\_\_ Number of days per week \_\_\_\_\_  
(If not English)

List **three** words to describe this child: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**For each item in the tables below, please check the most developmentally age-appropriate description of this child.**

**Pre-Academic Characteristics**

Not Evident Needs Improvement Emerging Age Appropriate Advanced

Fine motor coordination (lacing, puzzles, etc.)					
Uses appropriate pencil grip					
Draws with details					
Completes tasks					
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 letters: upper case					
lower case					
Recognizes numerals					
Recognizes shapes					
Transitions easily					
Listens to directions					
Follows multi-step directions					
Attention span for teacher-led activity					
Ability to work independently					
Ability to focus and contribute in large group					
Ability to focus and contribute in small group					

Hand Dominance: ☐ Right ☐ Left ☐ Not Established

Comments:

**Personal Characteristics**

Not Evident Needs Improvement Emerging Age Appropriate Advanced

Self-help skills (clothes, bathroom, lunch, etc.)					
Self motivation					
Demonstrates self-esteem					
Acceptance of limits					
Sense of humor					
Curiosity					
Attention span for self-chosen activity					
Follows classroom procedures					

Usually takes role of: ☐ Leader ☐ Follower ☐ Varies

Comments:

Child's Name \_\_\_\_\_  
 Last First Middle

**For each item in the tables below, please check the most developmentally age-appropriate description of this child:**

**Social & Physical Development**

Not Evident Needs Improvement Emerging Age Appropriate Advanced

Separation from parents/guardians/caregivers					
Interaction with parents/guardians					
Ability to share and work cooperatively					
Ability to wait turn					
Cooperative attitude					
Empathy toward others					
Responds positively to redirection					
Ability to resolve problems verbally					
Ability to resolve conflict without physical engagement					
Accepts responsibility for actions					
Demonstrates self-control					
Integrity/trustworthiness					
Interaction with peers in classroom					
Interaction with teachers					
Participates in physical group activities					
Ability to engage in positive interactions on the playground					
Body and space awareness					
Gross motor coordination: balance, gait, fluidity					

Usually chooses: ☐ Large group ☐ Small group ☐ Alone

Comments:

**Family Information**

Did Not 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					
Respectful of teachers' time					

Comments:

What are this child's strengths?

What are this child's challenges?

Describe this child's approach to learning (hands on, visual, kinetic, auditory, logical) and/or what kind of classroom environment would be a good match for this child.

**SPECIFIC RECOMMENDATION:**

☐ Recommended ☐ Recommended with reservations (please explain below) ☐ Prefer not to make a recommendation (please explain below)

☐ Check here if any information pertaining to this child/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Form completed by (print name) \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Your signature \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

School name \_\_\_\_\_ Director/Principal's email \_\_\_\_\_

Director/Principal's name \_\_\_\_\_ Director/Principal's phone \_\_\_\_\_