



# Independent Schools of the San Francisco Bay Area Common Confidential Student Evaluation Form (Kindergarten Applicants)

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 Gateway School by mail at **126 Eucalyptus Ave, Santa Cruz, CA 95060** or email to Kate Hohn at **kate.hohn@gatewaysc.org**

*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 \_\_\_\_\_