



Independent Schools of the San Francisco Bay Area Common Confidential Student Evaluation Form (1st – 8th Grade 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 **255 Swift St, Santa Cruz, CA 95060** or email to Petra Bryan at **petra.bryan@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 _____ Child's Enrollment Start Date _____ End Date _____

I am the student's Current Teacher Previous Teacher Math Teacher English Teacher Homeroom Teacher Other

Is English the child's primary language? _____ Language _____ How long have you known this child? _____
(If not English)

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

What inspires this child? What discourages this child?

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

Academic Performance	Not Evident	Needs Improvement	Emerging	Age Appropriate	Advanced
Academic ability					
Academic performance					
Ability to work in a group					
Ability to work independently					
Intellectual curiosity					
Motivation/Effort					
Participation in discussions					
Ability to express ideas orally					
Ability to express ideas in writing					
Follows directions					
Demonstrates self-control in classroom					
Executive functioning skills					
Attention span					
Persistence					
Use of class time					
Seeks help when needed					

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:

Personal Characteristics	Not Evident	Needs Improvement	Emerging	Age Appropriate	Advanced
Imagination					
Leadership potential					
Classroom conduct					
Self-confidence					
Respect for teachers					
Reaction to criticism					
Integrity/Trustworthiness					
Relationship with peers					
Accepts responsibility for actions					
Uses language to problem solve					
Consideration of others					
Maturity					
Sense of humor					
Seeks advice/help when needed					
Demonstrates self control on playground					
Conduct in specialist classes					
Transitions easily					

Comments:

Family Information	Did Not Observe	Rarely	Sometimes	Usually	Consistently
Has realistic expectations for their child					
Communicates openly with the school					
Follows the rules and policies of the school					
Cooperates with classroom teachers					
Follows through with school recommendations					
Cooperates with school administration					
Participates in school activities					
Is punctual with drop-off and 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 _____



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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 _____