

Association of Independent Schools in New England

STUDENT EVALUATION

For children entering grades two through six

Name of student _____ Application for grade _____

I have known this candidate for _____ years _____ months Number of children in class _____ Grade level(s) in class _____

My relationship has been that of _____

What are the first words that come to mind to describe this candidate? _____

For the following items, please mark on the dotted line one or more responses which may pertain to each. You may adjust the placement of the check mark to left or right within a given section.

					Comments
Sense of responsibility	..... responsible	..... usually responsible	..... sometimes responsible	..... rarely responsible	
Consideration for others	..... usually thoughtful	..... usually considerate	..... inconsiderate	..... unkind	
Social relationship with peers	..... healthy relationships	..... has occasional problems		..... relates poorly	
Leadership ability	..... excellent	..... good	..... average	..... poor	
Emotional maturity	..... very mature	..... average	..... somewhat immature	..... very immature	
Self-confidence	..... healthy self-image	..... needs some support	..... seems overly confident	..... poor self-image	
Sense of humor	..... highly developed	..... good		..... poorly developed	
Self control	..... good	..... usually good	..... occasional misconduct	..... frequent disruption	
Relationship with adults	..... is comfortable	..... is uneasy	..... is dependent	..... avoids contact	

Please comment on:

Study habits _____

Motivation _____

Organization of time and work _____

Curiosity _____

Attention span _____

Ability to express ideas orally _____

Ability to work in a group _____

Creativity _____

Reading for pleasure _____

Attendance pattern _____
 Parent cooperation _____
 Parent involvement in school affairs _____

Please comment on the candidate's level of progress and achievement in the following areas. Add grades if applicable.

Reading _____
 Spelling _____
 Composition _____
 Math _____
 Social Studies _____
 Science _____
 Foreign Language _____
 Creative Arts _____
 Athletics _____

Is there ability grouping? _____ If yes, please indicate candidate's level (high, middle, low) in reading _____ math _____

Achievement Tests: Name of test _____ Form _____ Date given _____

Aptitudes:	Grade equivalent	National percentile	Local percentile	Ind. School percentile
Verbal				
Quantitative				
Achievements:				
Vocabulary				
Reading Comp.				
Math Concepts				
Math Computation				

Other test results: Name of test _____ Date given _____ Results _____

We would appreciate additional comments and observations concerning the strength, weaknesses, health, or any special needs or concerns of this student and family. We welcome any other information which you think would be helpful. You may use a separate sheet of paper for further comments in any category. Thank you very much for your time.

Your name _____ Date _____ Telephone _____

School _____

Address _____