Student Evaluation form: Nursery to 1st Grade

2016-2017

Child’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ applying to grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the parent/guardian**: Please fill in the information requested above, read and sign the statement below, and submit this evaluation form to your child’s current teacher. He / She will have to send directly this form to admissions@ecoleactuellebilingue.org

*For the child named above, I give permission for you 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 the information provided by the evaluator.*

Name of parent/guardian (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**To the teacher**: The student named above is applying to Ecole Actuelle Bilingue, Bilingual section, where the curriculum is taught in both French and English languages. Ecole Actuelle Bilingue program is linguistically and academically challenging, a prospective student must be able to organize, concentrate, and work carefully in both languages. Your honest assessment of the child is greatly appreciated by the Admissions Department.

This recommendation is confidential and will be viewed solely by the staff and faculty of Ecole Actuelle Bilingue. Please complete and e-mail to admissions@ecoleactuellebilingue.org

Student’s current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of school day: \_\_\_\_ (hours) Number of days/week: \_\_\_\_ Student’s entrance date at this school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is French the primary language spoken in the candidate’s home? ❒ Yes ❒ No If not, please specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Mark all that most constantly describe that child:

⧠ Patient ⧠ Cheerful ⧠ Confident ⧠ Observer ⧠ Enthusiastic about learning

⧠ Easily frustrated ⧠ Slow to warm up ⧠ Fidgety ⧠ Positive member of the classroom

3. Please check appropriate boxes: 4= Strength 3= Age appropriate 2= More time needed 1= Area of concern

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **4** | **3** | **2** | **1** |  |  | **4** | **3** | **2** | **1** |
| Self-help skills (clothes, bathroom, lunch) |  |  |  |  | **Social / Emotional**  |
| **Physical development** | Demonstrates good self-esteem |  |  |  |  |
| Demonstrates self-control |  |  |  |  |
| Fine motor coordination |  |  |  |  | Acceptance of limits |  |  |  |  |
| Draws with details |  |  |  |  | Self motivation |  |  |  |  |
| Uses appropriate pencil grip |  |  |  |  | Interaction with peers |  |  |  |  |
| Works with manipulatives |  |  |  |  | Interaction with teachers |  |  |  |  |
| Gross motor coordination |  |  |  |  | Separation from parents/caregivers |  |  |  |  |
| Body and space awareness |  |  |  |  | Ability to share and work cooperatively |  |  |  |  |
| Balance, gait, fluidity of movement |  |  |  |  | Ability to wait for turn |  |  |  |  |
| Participation in physical group activities |  |  |  |  | Respect for own property |  |  |  |  |
| **Skill development** | Respect for others’ property |  |  |  |  |
| Focus and participation in group |  |  |  |  |
| Speech is clear and understandable |  |  |  |  | Ability to work independently |  |  |  |  |
| Vocabulary |  |  |  |  | Curiosity |  |  |  |  |
| Ability to stay on discussion topic |  |  |  |  | Attention span / self-chosen activity |  |  |  |  |
| Tells story events in sequence |  |  |  |  | Attention span / assigned activity |  |  |  |  |
| Asks questions to extend understanding |  |  |  |  | Cooperative attitude |  |  |  |  |
| Recognizes uppercase letters |  |  |  |  | Transitions easily |  |  |  |  |
| Recognizes lowercase letters |  |  |  |  | Listens to directions |  |  |  |  |
| Recognizes numerals |  |  |  |  | Follows directions  |  |  |  |  |
| Recognizes shapes |  |  |  |  | Completes tasks |  |  |  |  |
| Level in English |  |  |  |  |  |  |  |  |  |  |

4. Have you made, or do you plan to make, any recommendations for professional support or assessment?

❒ Yes ❒ No If so, please comment and/or state reasons for any referrals:

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5. Based on what you’ve observed, is this applicant likely to be successful in a challenging academic program?

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6. Is there additional information that you feel can be more appropriately relayed in a phone conversation?

 Yes (phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) No

If yes, can best be reached during these hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_