

# Bay Area Independent School Common Confidential Student Evaluation Form for Grades 2-8

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Applying to grade \_\_\_\_\_  
last                      first                      middle                      month/day/year

**To the parent/guardian:** Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to the school(s) to which your child is applying.

*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 this confidential information.*

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

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

**To 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 photocopy this completed form and send it directly to the school(s); file the original for your records. We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence. Please be sure the parent/guardian has signed above.

**PLEASE CHECK APPROPRIATE BOXES:**

- |                                     |  |   |  |  |
|-------------------------------------|--|---|--|--|
| Academic potential                  | <input type="checkbox"/> limited                         | <input type="checkbox"/> fair                     | <input type="checkbox"/> good                    | <input type="checkbox"/> outstanding             |
| Academic achievement                | <input type="checkbox"/> considerably below expectations | <input type="checkbox"/> as expected              | <input type="checkbox"/> better than tests       | <input type="checkbox"/> far above expectations  |
| Effort/motivation                   | <input type="checkbox"/> limited                         | <input type="checkbox"/> sporadic                 | <input type="checkbox"/> usually good            | <input type="checkbox"/> maximum                 |
| Study habits                        | <input type="checkbox"/> poor                            | <input type="checkbox"/> fair                     | <input type="checkbox"/> good                    | <input type="checkbox"/> excellent               |
| Ability to work in groups           | <input type="checkbox"/> has great difficulty            | <input type="checkbox"/> sometimes has difficulty | <input type="checkbox"/> usually effective       | <input type="checkbox"/> always works well       |
| Ability to work alone               | <input type="checkbox"/> needs much help                 | <input type="checkbox"/> needs help frequently    | <input type="checkbox"/> needs help occasionally | <input type="checkbox"/> always works well       |
| Curiosity                           | <input type="checkbox"/> little                          | <input type="checkbox"/> occasional               | <input type="checkbox"/> consistent              | <input type="checkbox"/> marked                  |
| Ability to express ideas orally     | <input type="checkbox"/> limited                         | <input type="checkbox"/> has some difficulty      | <input type="checkbox"/> good                    | <input type="checkbox"/> exceptional             |
| Ability to express ideas in writing | <input type="checkbox"/> limited                         | <input type="checkbox"/> has some difficulty      | <input type="checkbox"/> good                    | <input type="checkbox"/> exceptional             |
| Imagination                         | <input type="checkbox"/> little                          | <input type="checkbox"/> fair                     | <input type="checkbox"/> active                  | <input type="checkbox"/> highly developed        |
| Use of time                         | <input type="checkbox"/> uses poorly                     | <input type="checkbox"/> occasionally wastes      | <input type="checkbox"/> usually uses well       | <input type="checkbox"/> always uses effectively |
| Follows directions                  | <input type="checkbox"/> rarely                          | <input type="checkbox"/> needs much explanation   | <input type="checkbox"/> occasionally needs help | <input type="checkbox"/> quickly and effectively |
| Seeks help when needed              | <input type="checkbox"/> rarely                          | <input type="checkbox"/> occasionally             | <input type="checkbox"/> usually                 | <input type="checkbox"/> always                  |
| Attention span                      | <input type="checkbox"/> easily distracted               | <input type="checkbox"/> occasionally distracted  | <input type="checkbox"/> usually good            | <input type="checkbox"/> exceptionally good      |
| Maturity in terms of age/grade      | <input type="checkbox"/> very immature                   | <input type="checkbox"/> somewhat immature        | <input type="checkbox"/> mature                  | <input type="checkbox"/> impressive              |
| Respect for others                  | <input type="checkbox"/> disrespectful                   | <input type="checkbox"/> usually respectful       | <input type="checkbox"/> respectful              | <input type="checkbox"/> highly respectful       |
| Social interactions with peers      | <input type="checkbox"/> relates poorly                  | <input type="checkbox"/> has occasional problems  | <input type="checkbox"/> healthy relationships   | <input type="checkbox"/> extremely popular       |
| Reaction to criticism               | <input type="checkbox"/> poor                            | <input type="checkbox"/> fair                     | <input type="checkbox"/> good                    | <input type="checkbox"/> excellent               |

- |                      |  |  |   |  |
|----------------------|--|--|---|--|
| Leadership potential | <input type="checkbox"/> a follower              | <input type="checkbox"/> leads when given responsibility | <input type="checkbox"/> seeks opportunities and uses them well | <input type="checkbox"/> a natural leader    |
| Initiative           | <input type="checkbox"/> never initiates         | <input type="checkbox"/> rarely shows initiative         | <input type="checkbox"/> occasionally initiates                 | <input type="checkbox"/> often initiates     |
| Classroom conduct    | <input type="checkbox"/> frequent disruptions    | <input type="checkbox"/> occasional misconduct           | <input type="checkbox"/> usually good behavior                  | <input type="checkbox"/> good conduct        |
| Sense of humor       | <input type="checkbox"/> rarely laughs or smiles | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                   | <input type="checkbox"/> delightful          |
| Self confidence      | <input type="checkbox"/> needs much reassurance  | <input type="checkbox"/> needs some support              | <input type="checkbox"/> appears overly confident               | <input type="checkbox"/> positive self-image |

Please comment on any of the above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe the family's relationship with the faculty and administration.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIFIC RECOMMENDATION:**

- Highly recommended                       Recommended                       Recommended with reservations (*explain below*)  
 Prefer not to make a recommendation (*explain below*)                       Not recommended (*explain below*)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check here if any information pertaining to this student/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 \_\_\_\_\_  
 Subject(s) you taught applicant \_\_\_\_\_ I have known the applicant for \_\_\_\_\_  
 School \_\_\_\_\_ Phone \_\_\_\_\_  
 Your signature \_\_\_\_\_ Date \_\_\_\_\_