

# Independent Schools of the San Francisco Bay Area Common Confidential Student Evaluation Form (2<sup>nd</sup> - 8<sup>th</sup> Grade Applicants)

[www.issfba.org](http://www.issfba.org)

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Applying to Grade** \_\_\_\_\_  
Last First Middle Month/Day/Year

**To 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 the schools to which your child is applying by each school's due date.

*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 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 the original 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.

How long have you known this child? \_\_\_\_\_ Is English the child's primary language? \_\_\_\_\_ Language (if not English) \_\_\_\_\_

What three words come to mind when describing this child?  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What inspires this child? What discourages this child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For each item in the table below, please check the most developmentally age-appropriate description of this child:**

Personal Characteristics	Did Not Observe	Needs Improvement	Emerging	Noticeably Developing	Age Appropriate Consistent	Advanced	Exceptional
Ability to work in a group							
Ability to work independently							
Intellectual curiosity							
Imagination							
Motivation/Effort							
Leadership potential							
Classroom conduct							
Self-confidence							
Respect for teachers							
Reaction to criticism							
Integrity/Trustworthiness							
Persistence							
Relationship with peers							
Accepts responsibility for actions							
Uses language to problem solve							
Demonstrates self-control							
Consideration of others							
Maturity							
Sense of humor							
Seeks advice/help when needed							

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Academic Performance**

Did Not Observe      Needs Improvement      Emerging      Noticeably Developing      Age Appropriate Consistent      Advanced      Exceptional

Academic ability							
Academic performance							
Participation in discussions							
Ability to express ideas orally							
Ability to express ideas in writing							
Follows directions							
Prepared for class							
Attention span							
Use of class time							
Seeks help when needed							

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					

Comments: \_\_\_\_\_  
 \_\_\_\_\_

What are this child's greatest 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 \_\_\_\_\_  
 \_\_\_\_\_

Child's enrollment period at your school:

**Start Date** Month \_\_\_\_\_ Year \_\_\_\_\_      **End Date** Month \_\_\_\_\_ Year \_\_\_\_\_

**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 \_\_\_\_\_