

Brandeis Hillel Day School • Carey School • Cathedral School for Boys • Children's Day School • Chinese American International School
 French American International School • Gideon Hausner Jewish Day School • Hamlin School • Hillbrook School • International School of the Peninsula
 Katherine Delmar Burke School • Keys School • Live Oak School • Lycee Francais La Perouse • Marin Country Day School • Marin Horizon School
 Marin Primary & Middle School • Mount Tamalpais School • The Nueva School • Presidio Hill School • Ring Mountain Day School
 Ronald C. Wornick Jewish Day School • Saint Andrew's Episcopal School • Saint Mark's School • San Domenico School
 San Francisco Friends School • San Francisco Day School • The San Francisco School • San Francisco Waldorf School • Schools of the Sacred Heart:
 Convent Elementary & Stuart Hall for Boys • Sea Crest School • Synergy School • Town School for Boys • Trinity School • Yavneh Day School

Confidential Student Evaluation Form for Grades 2-8

Child's name _____ Date of birth _____ Applying to grade _____
last first month/date/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 each school listed above to which the child is applying.

For the child named above, I give permission for you to release the information on this form to any of the schools listed above. I understand that I will not have access to this confidential information.

Name of child's parent/guardian (please print) _____ Date _____

Signature of child's parent/guardian _____

To the teacher: It is only necessary to complete this form once for any child applying to one or more of the above schools. Consult with the child's parents regarding the school(s) to which the family is applying. Feel free to photocopy this completed form and send it directly to the school(s). 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 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 describe the family's relationship with the faculty and administration.

SPECIFIC RECOMMENDATION:

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

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.

Your name (please print) _____ Position _____

Subject(s) you taught applicant _____ I have known the applicant for _____

School _____ Phone _____

Your signature _____ Date _____