



STUDENT EVALUATION

For children entering grades two through eight

Please return forms to:

Jane Stephenson
Admissions Office
The Center School
71 Montague City Road
Greenfield, MA 01301

SECTION I:

Applicant Name: _____ Application for grade _____

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

Is child generally on time for school? Yes ___ No ___ Attendance pattern _____

My relationship with this candidate has been that of _____.

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

SECTION II:

To the teacher or school director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. This evaluation will be kept in strict confidence, will be reviewed only by the admission committee, and will not become part of the student's permanent record. Your insights will be used solely to help inform a thoughtful admission decision which will result in the best placement for each child.

SECTION II: SOCIAL/EMOTIONAL DEVELOPMENT (Please circle best descriptor)

					Comments
Demonstrates sense of integrity and responsibility	consistently	usually	occasionally	seldom	
Consideration for others	very considerate	usually considerate	inconsiderate	unkind	
Social relationship with peers	very mature	average	somewhat immature	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	age appropriate	developing	poorly developed	
Self control	excellent	usually good	occasionally disruptive	frequently disruptive	
Interaction with teacher/adults	healthy/comfortable	is uneasy	is dependent	avoids contact	

Applicant Name: _____

Section III: ACADEMIC DEVELOPMENT (Please v best descriptor)

Classroom Characteristics:	Consistently	Usually	Occasionally	Seldom	NA	Comments
Listens attentively						
Follows directions						
Contributes effectively to class discussions						
Works well independently						
Organizes self/materials						
Works well in small groups						
Demonstrates creativity						
Seeks help when needed						
Responds positively to suggestions/requests						
Completes homework on time						
Moves easily from one activity or space to another						

Language Arts:

	Above		Below		NA	Comments
	Outstanding	Average	Average	Average		
Reading decoding/speed						
Reading comprehension						
Literal comprehension (recall of facts/details)						
Vocabulary						
Grammar						
Spelling						
Writing:						
Organization						
Topic development						
Expository						
Creative						
Handwriting skills						

Applicant name: _____

Mathematics:

	Outstanding	Above Average	Average	Below Average	NA	Comments
Demonstrates problem solving skills						
Recognizes patterns in numbers						
Understands place value through decimals						
Understands operations with fractions & decimals						
Computation skills						
Spatial problem-solving skills						

Other Subjects:

	Outstanding	Above Average	Average	Below Average	NA	Comments
Art						
Athletics						
Foreign Language						
Keyboarding skills						
Music						
Science						
Social Studies						

General:

	Outstanding	Above Average	Average	Below Average	NA	Comments
Academic potential						
Level of motivation						
Problem-solving skills						
Ability to understand abstract concepts						
Willingness to take risks						

Applicant name: _____

SECTION IV: PARENT/CAREGIVER(S) AND FAMILY INFORMATION

Has/have the parent/
caregiver(s) of this child been: Consistently Usually Occasionally Seldom Comments

	Consistently	Usually	Occasionally	Seldom	Comments
Supportive of the child's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?					

SECTION V: CLOSING

Please comment on this child's ability to meet the expectations of your school. Have you adjusted your program to accommodate the needs or abilities of this child?

We encourage you to provide us with any other information that you think would be helpful. Please feel free to write in the space below and/or to provided an attached page.

Your name _____ Date _____ School Telephone _____

E-mail _____

School _____ Address _____

If you are willing to discuss this applicant/family further, please list your telephone number and the best time for us to call.

Daytime _____ Evening _____ Best time to call _____

Thank you so much for your candor and thoughtful insight.

PLEASE SEND THIS FORM BACK TO: ADMISSIONS OFFICE, CENTER SCHOOL, 71 MONTAGUE CITY RD, GREENFIELD, MA 01301