Student Evaluation Form: Grades 2-5

2018-2019

Child’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Applying to Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic year: 2019-2020

**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 along with a stamped and pre-addressed envelope. **THIS EVALUATION CANNOT BE ACCEPTED IF IT DOES NOT COME DIRECTLY FROM YOUR CHILD’S CURRENT SCHOOL.**

❒ **Manhattan Campus – 225 E. 43rd Street, New York, NY 10017 USA – Fax: (212) 681-1922**

❒ **Ardsley Campus – One Cross Road, Ardsley, NY 10502 USA – Fax: (914) 479-0280**

*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 Lyceum Kennedy French American School where the curriculum is taught in both French and English languages. The school’s curriculum 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 LK Admissions Office.

This recommendation is confidential and will be viewed solely by the staff and faculty of the Lyceum Kennedy. Please complete and mail to Lyceum Kennedy, Attn: Admissions Office (see address above).

Candidate’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 English the primary language spoken in the candidate’s home? ❒ Yes ❒ No If not, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Check all that describe the child:

❒Patient ❒ Cheerful ❒ Confident ❒ Observer ❒ Enthusiastic about learning

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

Does the student have any disciplinary problems? If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please check appropriate boxes: 4= Outstanding 3= Above Average 2= Average 1= Below average

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **4** | **3** | **2** | **1** |  |  | **4** | **3** | **2** | **1** |
| **Social/Emotional development** | | | | | **Academic development** | | | | |
| Social relationship with peers |  |  |  |  | Oral communication skills |  |  |  |  |
| Emotional maturity |  |  |  |  | Reading/decoding speed |  |  |  |  |
| Self-confidence |  |  |  |  | Reading comprehension |  |  |  |  |
| Sense of integrity and responsibility |  |  |  |  | Vocabulary skills |  |  |  |  |
| Management of conflict/criticism |  |  |  |  | Grammar skills |  |  |  |  |
| **Study habits** | | | | | Spelling skills |  |  |  |  |
| Listening attentively |  |  |  |  | Writing skills |  |  |  |  |
| Following directions |  |  |  |  | Handwriting skills |  |  |  |  |
| Ability to work independently |  |  |  |  | Problem solving |  |  |  |  |
| Ability to work with others |  |  |  |  | Computation skills |  |  |  |  |
| Completing work on time |  |  |  |  | Operations |  |  |  |  |
| Attention span |  |  |  |  | Ability to understand abstract concepts |  |  |  |  |
| Organization/care of materials |  |  |  |  | Arts |  |  |  |  |
| Seeking help when needed |  |  |  |  | Athletics |  |  |  |  |
| Motivation |  |  |  |  | Music |  |  |  |  |
| **Attendance record** | | | | | Science |  |  |  |  |
| Attendance |  |  |  |  | Social studies |  |  |  |  |
| Tardiness |  |  |  |  | Keyboarding skills |  |  |  |  |

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. Do you recommend this student to Lyceum Kennedy French American School?

❒ Enthusiastically ❒ Confidently

❒ With reservations because…………………………………………………………………………………………………………………...

❒ Do not recommend because…………………………………………………………………………………………………………………

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

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

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

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

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