Student Evaluation Form: Nursery to 1st Grade

2019-2020

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

Applying to Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic year: 2020-2021

**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**

*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 French American School. Please complete and e-mail to Lyceum Kennedy French American School’s Admissions Office (<smegal@lyceumkennedy.org>).

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

3. Please check appropriate boxes: 4= Very Strong 3= Age appropriate 2= More time needed 1= Area of concern

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **4** | **3** | **2** | **1** |  |  | **4** | **3** | **2** | **1** |
| Self-help skills (clothes, bathroom, lunch) |  |  |  |  | **Social / Emotional** | | | | |
| **Physical development** | | | | | Demonstrates good self-esteem |  |  |  |  |
| Demonstrates self-control |  |  |  |  |
| Fine motor coordination |  |  |  |  | Acceptance of limits |  |  |  |  |
| Draws with details |  |  |  |  | Self motivation |  |  |  |  |
| Uses appropriate pencil grip |  |  |  |  | Interaction with peers |  |  |  |  |
| Works with manipulatives |  |  |  |  | Interaction with teachers |  |  |  |  |
| Gross motor coordination |  |  |  |  | Separation from parents/caregivers |  |  |  |  |
| Body and space awareness |  |  |  |  | Ability to share and work cooperatively |  |  |  |  |
| Balance, gait, fluidity of movement |  |  |  |  | Ability to wait for turn |  |  |  |  |
| Participation in physical group activities |  |  |  |  | Respect for own property |  |  |  |  |
| **Skill development** | | | | | Respect for others’ property |  |  |  |  |
| Focus and participation in group |  |  |  |  |
| Speech is clear and understandable |  |  |  |  | Ability to work independently |  |  |  |  |
| Vocabulary |  |  |  |  | Curiosity |  |  |  |  |
| Ability to stay on discussion topic |  |  |  |  | Attention span / self-chosen activity |  |  |  |  |
| Tells story events in sequence |  |  |  |  | Attention span / assigned activity |  |  |  |  |
| Asks questions to extend understanding |  |  |  |  | Cooperative attitude |  |  |  |  |
| Recognizes uppercase letters |  |  |  |  | Transitions easily |  |  |  |  |
| Recognizes lowercase letters |  |  |  |  | Listens to directions |  |  |  |  |
| Recognizes numerals |  |  |  |  | Follows directions |  |  |  |  |
| Recognizes shapes |  |  |  |  | Completes tasks |  |  |  |  |

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

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6. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_