



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 young children are constantly changing and developing. Please note that we place particular value on your comments in each area. Your responses on this form will be kept in confidence and used for admissions purposes only.

Student _____ Application for _____

Days per week enrolled _____ Hours per day _____ Size of group _____ Age range _____

SOCIAL DEVELOPMENT

Consistently
Usually
Infrequently
Needs Improvement

- Is supportive of peers
- Respects adult authority
- Works well individually
- Works well in groups
- Cooperates in play
- Can await his/her turn quietly
- Shares well
- Initiates play activities
- Is imaginative
- Has the capacity to lead
- Has the capacity to follow
- Uses materials purposefully
- Exhibits appropriate sense of humor

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Can await his/her turn quietly				
Shares well				
Initiates play activities				
Is imaginative				
Has the capacity to lead				
Has the capacity to follow				
Uses materials purposefully				
Exhibits appropriate sense of humor				

Please Comment:

SKILL DEVELOPMENT

- Is attentive
- Listens in a group
- Contributes to group discussions
- Follows directions
- Works cooperatively
- Completes tasks
- Demonstrates ability to focus on one task
- Respects classroom routines
- Moves easily from one activity to another
- Responds positively to constructive criticism
- Is curious
- Is willing to try new activities
- Is a self-starter
- Enjoys new challenges
- Exhibits problem solving abilities

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Is a self-starter				
Enjoys new challenges				
Exhibits problem solving abilities				

Please Comment:

PHYSICAL DEVELOPMENT

Small muscle control and coordination is age appropriate
Large muscle control and coordination is age appropriate
Speaks clearly
Hearing appears normal
Vision appears normal
Hand-eye coordination is age appropriate

Yes	No

Please Comment: _____

ACADEMIC DEVELOPMENT

Can he/she recognize numbers?
Can he/she write numbers?
Can he/she deal with concepts of place/space relationships? (above, below, more, less, etc.)
Can he/she recognize letters or words?
Can he/she write letters or words?
Can he/she read?

Yes	No

Please Comment: _____

What is the maturity level of the applicant in comparison with others in the same grade?

For children applying to the first grade: please comment on:

Beginning reading skills
Beginning math skills
Readiness for first grade:

PARENT COOPERATION AND INVOLVEMENT WITH THE SCHOOL:

We welcome any other information which you think would be helpful. Please include comments concerning strengths, weaknesses, health, or any special needs or concerns of this child and/or family. You may use a separate sheet of paper for further comments in any category.

Name: _____ Date: _____ Telephone: _____

School: _____ Address: _____

I have known this child _____ years _____ months. My relationship has been that of: _____

Thank you for taking the time to complete this evaluation.



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