



RELEASE FORM

(To be given to current teacher by parent with the attached Student Evaluation Form)

To be filled out by parent:

Name of Applicant (Please Print) _____ Date _____

Applying for Grade _____ Date of Birth _____

Language(s) spoken in the home _____

I hereby give permission for _____ to release information on this form concerning my child to St. Isabella School. I understand that I, the parent/guardian, will not have access to this confidential information.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Teacher Information

To be filled out by child's current teacher and sent directly to St. Isabella School:

The above-named student has applied for admission into our school as indicated. We ask you to complete this form that will assist us in deciding if our program suits this child's educational needs. We sincerely appreciate your cooperation in helping to evaluate this applicant and we assure you that this information will be held in confidence.

Name of person filling out this form _____

Title/Position _____

Name of School: _____ Child's current grade _____

School Address: _____ School Phone _____

Date of entry into your program _____ How long have you know this child? _____

Length of school day _____ Number of days per week _____



STUDENT EVALUATION FORM

(To be filled out by current teacher)

Date _____ Student's name _____ Grade or level _____

4 = area of strength 3 = age appropriate 2 = needs development 1 = area of concern

Personal Development	4	3	2	1
Can be a friend				
Plays cooperatively				
Is supportive of peers				
Relates comfortably with adults				
Shares well				
Demonstrates self-confidence				
Accepts responsibility for behavior				
Solves own problems				
Handles transitions and changes in routines				
Exhibits creativity and imagination				
Is willing to try new activities				
Separates easily from Parent(s)				
Accepts limits				
Can take turns				
Accepts correction				
Physical Development	4	3	2	1
Small muscle control and coordination				
Appropriate pencil/scissor grip				
Speech development (articulation)				
Skill Development	4	3	2	1
Listens attentively in small groups				
Listens attentively in total class group				
Follows directions				
Completes tasks				
Can focus on a single task				
Works independently				
Respects classroom routines				
Makes his/her own choices				
Moves easily between activities				
Uses materials purposefully				
Works well independently				
Is self-motivated				

Please comment on the Following:

1. Please describe the activities this child prefers: _____

2. Please describe the learning tasks that this child is most likely to avoid:

3. Please describe the child's interaction with peers:

4. Please describe the child's interaction with parents:

5. Please describe this child's possible need for attention:

6. Please describe the child's activity / excitability level:

7. How does this child handle frustration:

8. What kind of program would you like to see for this child?

9. We welcome any other specific information that you think would be helpful. Please include comments concerning any special needs of this child or family.

Specific Recommendation:

- Highly Recommended
- Recommended
- Recommended with reservations (explain)
- Prefer not to make a recommendation (explain)

Signature of person filling out this form _____

date _____