

To be filled out by child's current classroom teacher and mailed to St. Basil School

**Student Evaluation Report**

**Student Name** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**Class Level:**       Accelerated       Fair       Average       Low

4= area of strength    3= age appropriate    2= needs development    1= area of concern    N/A= not applicable

**Personal Development**

	4	3	2	1	N/A
Can be a friend.....					
Plays cooperatively.....					
Is supportive of peers.....					
Relates comfortably with peers.....					
Shares well.....					
Demonstrates self-confidence.....					
Accepts responsibility for behavior.....					
Solves own problem.....					
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	N/A
Small muscle control and coordination.....					
Appropriate pencil/scissor grip.....					
Speech development (articulation).....					

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4                      3                      2                      1                      N/A

**Skill Development**

- 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 own choices.....
- Moves easily between activities.....
- Uses materials purposefully.....
- Works well independently.....
- Is self-motivated.....


**Please comment on the following:**

1. Please name activities this child prefers: \_\_\_\_\_  
\_\_\_\_\_
2. Please name the learning tasks that this child is most likely to avoid: \_\_\_\_\_  
\_\_\_\_\_
3. Please describe the child's interactions with peers: \_\_\_\_\_  
\_\_\_\_\_
4. Please describe the child's interaction with parents: \_\_\_\_\_  
\_\_\_\_\_
5. Please describe this child's possible need for attention: \_\_\_\_\_  
\_\_\_\_\_

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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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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- Specific Recommendation:**      \_\_\_ Highly Recommended  
   \_\_\_ Recommended  
   \_\_\_ Recommended with reservations (explain)  
   \_\_\_ Prefer not to make a recommendation (explain)

**Teacher's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of School** \_\_\_\_\_