Prospective
Student Evaluation Form

E a r l y Childhood
(Elementary Phase)

Student's Name_____ Date of Birth_____
LAST FIRST
Elementaryl_____

Address_____

City_____ State_____ Zip_____

Telephone_____ Email_____

Date_____

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We greatly appreciate your taking the time and effort to complete and return this form. Your insights and observations are important to all of us. Please know that the professional comments you share will be held in strictest confidence and we thank you in advance for your assistance and cooperation.

_____ _____
How long have you know this child? First date of child's enrolment in your school

Social and Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Exhibits self-confidence				
Adjusts to transitions				
Asks for help when needed				

Comments:
_____
_____
_____
_____
_____

Physical Development	
Handedness established	Yes? No?

Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Interacts with materials				

Do you feel that this child is ready for a preschool program? Yes_____ No_____

Comments_____
_____
_____

How would you describe this child? _____

_____

_____

_____

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with Tutor				
Participates in activities				
Cooperates with tutor				
Cooperates with administration				
Follows the rules and policies of the Company				
Has realistic expectations for their Child				
Meets financial obligations in timely Manner				

Comments_____

_____

_____

_____

_____

Signature Today's Date

_____

Print Name/Title Telephone