



STUDENT EVALUATION FORM
PRE-KINDERGARTEN AND KINDERGARTEN
CONFIDENTIAL

Applicant Information

Date: _____

Name: _____

Grade Applying: _____

Waiver Information

To Parent(s)/Guardian(s)

Buckley Waiver: I understand that the Family Education Rights and Privacy Act of 1974 (the Buckley Amendment) guarantees that my child's academic record will not be discussed with or disclosed to any third party without my written waiver. I hereby waive this right and authorize _____ (current school) to discuss my child's records with The Highlands School. I waive my rights of access and that on my child to this teacher recommendation. I ask that the teacher complete this evaluation and mail it directly to The Highlands School. I further understand that I have a right to rescind or restrict this waiver in writing, at any time.

Mother/Guardian Name

Mother/Guardian Signature

Date

Father/Guardian Name

Father/Guardian Signature

Date

To Teacher (current)

Thank you for the time and effort you have taken in completing this evaluation. All information will be considered confidential. Your recommendations do have a bearing on our decision.

Teachers Name: _____ Grade Taught: _____ I have known this applicant for _____ years.

- Does the student have a satisfactory attendance record? Yes No
- Does the student have a history of being tardy? Yes No

Readiness evaluation

Grade the following areas with: E (Excellent) G (Good) F (Fair) P (Poor)

- | | | |
|---|--|-----------------------------|
| 1. _____ Attention Span | 4. _____ Ability to Follow Directions
(completes work with normal amount of help) | 7. Fine Motor Development |
| 2. _____ Comprehension
(understands school vocabulary) | 5. _____ Oral Expression
(communicates clearly and distinctly) | a. _____ Writing |
| 3. _____ Retains Information (memory) | 6. _____ Gross Motor Development | b. _____ Coloring (crayons) |
| | | c. _____ Cutting |

Behavioral evaluation

Grade the following areas with: E (Excellent) G (Good) F (Fair) P (Poor)

- | | | |
|---|---|---------------------------------------|
| 1. _____ General Attitude Toward School | 3. _____ Effort and Cooperation | 5. _____ Ability to Wait his/her Turn |
| 2. _____ Classroom Conduct | 4. _____ Ability to Cope with Stress
(frustration) | 6. _____ Relationship with Teacher |

Social evaluation

Grade the following areas with: **E** (Excellent) **G** (Good) **F** (Fair) **P** (Poor)

- | | |
|---|---|
| 1. ___ Relationship to Peers | 4. ___ Plays with Others (in Co-operative Play) |
| 2. ___ Considerate of Others | 5. ___ Behavioral Development |
| 3. ___ Ability to be Part of a Group
Activity (without Adult Assistance) | 6. ___ Social Maturity/Emotional
Development |

Academic evaluation

1. Applicant

- | | |
|--|---|
| a. Recognizes letters: <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None | d. Knows basic colors: <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None |
| b. Writes letters: <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None | e. Knows basic shapes: <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None |
| c. Knows letter sounds: <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None | |

2. Applicant recognizes numbers to: _____

3. Applicant writes numbers to: _____

4. Reading series used at current school: _____ Level: _____

5. Is the applicant reading? _____

6. Math series used at current school: _____ Level: _____

7. Discipline – Please comment: _____

8. Describe any difficulties (physical, learning, emotional, social, behavioral, language barriers or family situations), which may affect the applicant's progress. _____



THE HIGHLANDS SCHOOL

Please Mail Directly To:
Admissions Office
The Highlands School
1451 E. Northgate Drive
Irving, TX 75062
972.554.1980 Ext. 235

Family information

Grade the following areas with: **E** (Excellent) **G** (Good) **A** (Average) **BA** (Below Average) **P** (Poor)

1. Family parent involvement in school affairs.

- a. ___ Parent Volunteerism b. ___ Cooperation c. ___ Involvement in School Affairs

Please select one of the following levels of recommendations:

- | | |
|--|---|
| <input type="checkbox"/> Highly recommend | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with reservations because | <input type="checkbox"/> Do not recommend because |

_____	_____
_____	_____
_____	_____

We would appreciate additional comments and observations concerning the strengths, weaknesses, health or special needs of this student. We welcome any other information, which you think would be helpful to differentiate this student among the other applicants.

Teacher Name

Teacher Signature

Date