



STUDENT EVALUATION FORM
1ST - 6TH GRADE
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

General evaluation

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

- | | | |
|------------------------------------|-----------------------------------|-------------------------|
| 1. _____ General Attitude | 4. _____ Relationship with Peers | 7. _____ General Health |
| 2. _____ Cooperation | 5. _____ Emotional Maturity | 8. _____ Motor Control |
| 3. _____ Relationship with Teacher | 6. _____ Intellectual Development | 9. _____ Study Habits |

10. Maturity Age Level of Child: Advanced Average Below

Academic evaluation

1. Reading series and present level of child: _____ Level: _____

Academic evaluation

2. Math series and present level of child: _____ Level: _____

3. Phonics series and present level of child: _____ Level: _____

4. Please describe any disabilities (physical, emotional, mental, language barriers, family situations), which affect this student's progress: _____

5. Classroom conduct: Please comment: _____

6. Please comment on behavior/attitude, work/study habits and peer relationships: _____

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:

- Highly recommend Recommend
 Recommend with reservations because 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



THE HIGHLANDS SCHOOL

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