



ST. PATRICK SCHOOL
CONFIDENTIAL STUDENT EVALUATION FORM [K-1]

Does this child have good physical health/stamina? yes no

Does this child have any needs or problems that might require special services? yes no

If yes, please explain _____

Do the parents/guardians support/follow through on specific school recommendations? yes no

If no, please explain _____

Are parental expectations of the child realistic? yes no

If no, please explain _____

Are there special concerns about the child's attendance or promptness in arrival or departure? y no

If yes, please explain _____

Please make any other comments you wish to make about the applicant. Include any circumstances of which we should be aware:

Check here if any information pertaining to this child would be better communicated by phone. Please feel free to add additional comment pages.

May we call you if we have any further questions? Yes no

Your Name: _____ Position: _____

School: _____ Phone: _____

Signature: _____ Date: _____



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Child's Name _____ Date of Birth _____ Applying to grade _____
 Last First month/day/year

To the Parent/Guardian: Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to St. Patrick School.

For the above named child, I give permission for you to release the information on this form to St. Patrick School and waive my right to access this confidential information.

Name of child's parent/guardian (please print) _____ Date _____

Signature of child's parent/guardian _____

To the Teacher: This recommendation will remain confidential and will not become part of the student's permanent academic record. Please be sure that the parent has signed above. We sincerely appreciate your cooperation and candor.

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

Length of school day _____ Number of days/week _____ English primary language? _____

Please mark each category with: **S** = successful **N** = needs to grow

Uses same hand consistently	Self-motivation	
Competent toileting skills	Interaction with peers	
Dresses self	Interaction with teachers	
Self-sufficient during lunch	Interactions with parent/guardian	
Fine motor coordination	Ability to separate	
Appropriate pencil grip	Ability to share and cooperate	
Gross motor coordination	Ability to wait turn	
Works with manipulatives	Respect for property	
Body and space awareness	Accepts responsibility	
Participates in physical group activities	Curiosity	
Expresses needs / resolves conflicts	Ability to transition	
Verbally		
Physically		
Draws recognizable pictures	Listens	
Demonstrates self-control	Follows directions and completes task	
Uses scissors	Ability to work independently	
Clear, understandable speech	Able to focus and contribute in	
Recognizes	Large group	
Colors by name	Small group	
Numerals	Demonstrates self-esteem	
Letters	Accepts limits	