



STUDENT EVALUATION

For children entering the Beginners Program

Section I:

Name of child: _____ I have known this student for ___ years ___ months.
 Number of children in current class: _____ Age range in current classroom: _____
 Is child generally on time for school? Yes ___ No ___ Attendance pattern: _____
 My relationship with this student has been that of (teacher, school director, nanny, etc): _____
 What are the first words that come to mind to describe this candidate? _____

To the teacher or school director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. This evaluation will be kept in strict confidence, will be reviewed only by the admission committee and will not become part of the student's permanent record. Your insights will be used solely to help inform a thoughtful admission decision which will result in the best placement for each child.

Section II: SOCIAL/EMOTIONAL DEVELOPMENT (Please ✓ best descriptor)

	Area of strength	Age appropriate	Progressing towards age appropriate	Possible area of concern*	N/A	Comments
Separates easily from parents/guardians						
Is comfortable with adults						
Initiates play activities						
Engages in imaginative play						
Plays alone comfortably						
Participates willingly in clean-up						
Respects the rights and property of others						
Shows concern towards others						
Stands up for self						
Demonstrates flexibility during conflict						
Has an appropriate sense of humor						
Accepts responsibility for behavior						

*Possible area of concern: Child may not progress in this area without specific intervention.

Section III: Cognitive Development

	Area of strength	Age Appropriate	Progressing towards age appropriate	Possible area of concern*	N/A	Comments
Attends to an adult-directed activity for the expected length of time						
Follows 2 - 3 step directions						
Is able to play independently						
Demonstrates persistence						
Demonstrates ability to focus on one task						
Demonstrates curiosity						
Willingly tries new activities and challenges						
Demonstrates flexibility in problem-solving						
Recalls and utilizes prior information						
Grasps new concepts						
Is a self-starter						
Is able to bring a chosen activity to closure when directed by an adult						
Responds positively to teacher re-direction and limit setting						
Adjusts easily to classroom rules and routines						
Adapts to change in routine						
Moves easily from one activity or space to another						

*Possible area of concern: Child may not progress in this area without specific intervention.

Section IV: Physical Development

	Area of strength	Age Appropriate	Progressing towards age appropriate	Possible area of concern*	N/A	Comments
Eye-hand coordination and dexterity						
Exhibits self-help skills (e.g. hand-washing)						
Tolerates a variety of sensory stimuli (e.g. loud sounds, textures, touch)						
Shows awareness of personal space						
Is independently able to maintain sitting position while seated on floor						
Appropriate gross-motor skills, balance						

*Possible area of concern: Child may not progress in this area without specific intervention.

Section V: Speech and Language Development

	Area of strength	Age Appropriate	Progressing towards age appropriate	Possible area of concern*	N/A	Comments
Understands spoken directions						
Child's language and speech is progressing appropriately						

Section VI: Parent and Family Information

Has/have the parent/s of this child been:

	Consistently	Usually	Sometimes	Rarely	Comments
Supportive of the child's experience at school					
Supportive of your school's programs and routines					
Supportive of you as a teacher					
Responsive to suggestions and guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?					

Section VII: Closing

Please comment on this child's ability to meet the expectations of your program. Have you adjusted your program to accommodate the needs or abilities of this child?

We encourage any other information you think would be helpful. Please feel free to write in the space provided below.

Your name: _____ Date: _____

School: _____ Address: _____

School Telephone: _____ E-mail: _____

If you would like to discuss this applicant/family further, please list your preferred phone number and the best time for us to call.

Telephone number: _____ Best time to call: _____

Thank you for your candor and your thoughtful insights.

Mail to: Leslie Grossman, Director of Admission
Oak Meadow School
2 Old Pickard Lane
Littleton, MA 01460
FAX: (978) 486-3269
admissions@oakmeadow.org