

Confidential Evaluation Form

Teacher | Kindergarten and Grade 1 Brent International School Baguio

To the Applicant's family: Please give this form to your child's main-subject classroom teacher. Date of Birth Applicant's Name Current grade Applying to grade To the Teacher: Information about this student will be valuable in assisting us to evaluate his/her application for admission to our school. Your evaluation and comments will be kept confidential. Thank you. ☐ I request you call me to discuss this applicant. Name and Signature of teacher completing this form Position Date Phone number: Email Address How long have you known this student? _____ Country _____ School Name ___ School Phone _____ School Website What are the first words that come to mind to describe this student? Please check the appropriate boxes: **Social Development** Usually Sometimes Seldom Shares well Can be a friend Is imaginative Plays alone happily Cooperates at play Is supportive of peers Initiates play activities Has the capacity to lead Has the capacity to follow Uses materials purposely Seeks help when needed Is comfortable with adults Is mature for age/grade Exhibits good sense of humor Demonstrates self-control in class Demonstrates self-control on playground What frustrates this child?

Please check the appropriate boxes:

Physical Development	Outstanding	Age Appropriate	Needs Improvement
Speech development			
Fine motor control and development			
Gross motor control and development			

Applicant's name

Pre-Academic Skill Development	Outstanding	Age Appropriate	Needs Development
Is curious			
Is attentive			
Is a self-starter			
Completes tasks			
Follows directions			
Listens in a group			
Expresses ideas well			
Works cooperatively			
Enjoys new challenges			
Respects classroom routines			
Is willing to try new activities			
Exhibits problem solving activities			
Contributes to group discussions			
Demonstrates ability to focus on one task			

Please describe the student's development of: Basic reading skills	☐ Outstanding ☐ Age appropriate ☐ Need Development
Please describe the student's development of: Basic math skills	☐ Outstanding ☐ Age appropriate ☐ Need Development
Personal Characteristics: Please describe the student's personality, maturity, confidence, humor, etc.	
Have you observed any signs of learning disabilities?	□ No □ Don't know □ Yes If yes, please explain:
Does the child receive any special accommodations/ medications?	□ No □ Don't know □ Yes If yes, please explain:
Has/Is the student enrolled in any English language proficiency enhancement program?	☐ No ☐ Yes If yes, please explain:
How strongly do you recommend this student?	☐ Enthusiastically ☐ Strongly ☐ Fairly Strongly ☐ Without Enthusiasm ☐ Not Recommended
Parent involvement:	☐ Much ☐ Usually ☐ Rarely ☐ Not Involved ☐ Don't Know
Parent cooperation:	☐ Very Cooperative ☐ Usually Cooperative ☐ Not Cooperative

Thank you for your assistance. You may return this completed form to the student in a sealed envelope, scan it and attach it to an email to the Registrar, or send it through courier.

Brent International School Baguio Phone: (63) (74) 442-4050 c/o The Registrar's Office Fax: (63) (74) 442-2260

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Philippines