



Confidential Evaluation Form

Teacher | Pre-Kindergarten

Brent International School Baguio

To the Applicant's family: Please give this form to your child's recent main classroom teacher.

Applicant's Name

Date of Birth

Current grade or level

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.
Phone number: _____

Name and Signature of teacher completing this form

Position

Date

Email Address _____ How long have you known this student? _____

School Name _____ Country _____

School Website _____ School Phone _____

Please check appropriate boxes:

5 = Area of Strength

3 = Working Towards

1 = Not Applicable

4 = Age Appropriate

2 = Area of Concern

Social/Emotional	5	4	3	2	1
Separates easily from parent					
Shares well					
Becomes engaged with peers					
Accepts limits/ boundaries					
Allows others a turn					
Can make transitions					
Tolerates frustrations: with chosen tasks					
Tolerates frustrations: with assigned tasks					
Cooperates					
Can resolve problems					
Respects self/ own property					
Respects others' property					
Assumes classroom routines					
Shows confidence					
Accepts guidance					
Displays good manners					
Appreciates humor					
Is aware of others' feelings					
Shows initiative					
Shows good impulse control					

Pre-Academic Skill Development	5	4	3	2	1
Stays on topic					
Is curious/ investigative					
Shows imagination					
Attends well: to self-chosen tasks					
Attends well: in a group					
Understands directions					
Follows directions: given to a group					
Follows directions: given individually					
Works independently					
Completes tasks					
Understands stories read aloud					
Understands discussions					
Remembers events and information					
Speaks fluently					
Speaks clearly					
Can focus on one task					
Uses full vocabulary					
Can tell stories in sequence					
Understands one to ten counting					
Recognizes colors and shapes					
Understands comparisons (size)					
Can categorize (fruits, animals, etc.)					
Can follow simple patterns					

Physical Development and Health	5	4	3	2	1
Gross motor coordination					
Fine motor coordination					
Sense of body in space					
Balance					
General Health					
Resilience					

Signature over printed name of teacher completing this form

Applicant's name

Additional Comments:

How many days per week does this child attend your program?	
What is the length of the session?	
How would you describe this child's temperament ?	
What activities does this child especially enjoy?	
Please describe this child's interactions with peers. Does he/she play with children of both genders? Does he/she show a preference for group or individual activities?	
Please comment briefly on any strengths :	
Please comment briefly on any concerns :	
Please comment briefly on any health issues (diet, medication, etc.):	
Have you observed any signs of learning disabilities?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes If yes, please explain:
Does the child receive any special accommodations/medications?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes If yes, please explain:
Has/Is the student enrolled in any English language proficiency enhancement program?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:
How strongly do you recommend this student?	<input type="checkbox"/> Enthusiastically <input type="checkbox"/> Strongly <input type="checkbox"/> Fairly Strongly <input type="checkbox"/> Without Enthusiasm <input type="checkbox"/> Not Recommended
Parent involvement:	<input type="checkbox"/> Much <input type="checkbox"/> Usually <input type="checkbox"/> Rarely <input type="checkbox"/> Not Involved <input type="checkbox"/> Don't Know
Parent cooperation:	<input type="checkbox"/> Very Cooperative <input type="checkbox"/> Usually Cooperative <input type="checkbox"/> 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
c/o The Registrar's Office
Brent Road
Baguio City 2600
Philippines

Phone: (63) (74) 442-4050
Fax: (63) (74) 442-2260
Email: registrar@brentbaguio.edu.ph
Web: <http://www.brentbaguio.edu.ph>