



This form should be mailed by the completing professional directly to:

LGA Admissions 257 Prospect Street Northampton, MA 01060

STUDENT EVALUATION

FOR CHILDREN ENTERING KINDERGARTEN AND GRADE ONE

| Section I: | Applicant for grade | |
|---|---------------------|--|
| Name of child | Applicant for grade | |
| I have known this student for years months. Number of children in class _ | Age range | |
| Is child generally on time for school? Yes No Attendance pattern | | |
| My relationship with this student has been that of | | |
| 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* $\sqrt{\text{best descriptor}}$)

| | Area of strength | Age appropriate | Progressing toward age appropriate | Possible area of concern | Comments |
|--|---------------------|--------------------|------------------------------------|-----------------------------|----------|
| Separates easily from parents/guardians | | | | | |
| ls comfortable with adults | | | | | |
| Finds ways to enter group play | | | | | |
| Initiates play activities | | | | | |
| Cooperates in play | | | | | |
| Engages in imaginative play | | | | | |
| Shares well without prompting | | | | | |
| Is able to lead | | | | | |
| Is able to follow | | | | | |
| Plays alone comfortably | | | | | |
| Participates willingly in group clean-up | | | | | |
| Respects the rights and property of others | | | | | |
| Respects the right and property of school | | | | | |
| Shows concern towards peers | | | | | |
| Stands up for self | | | | | |
| Uses words to resolve conflicts | | | | | |
| Demonstrates flexibility in problem solving | | | | | |
| Has an appropriate sense of humor | | | | | |
| Accepts responsibility for behavior | | | | | |
| Takes initiative for cleaning up, etc. | | | | | |





| Able to manage and control feelings | | | | |
|-------------------------------------|--|--|--|--|
|-------------------------------------|--|--|--|--|





Section III: Cognitive Development

| | Area of strength | Age appropriate | Progressing toward age appropriate | Possible area of concern | Comments |
|---|------------------|--------------------|------------------------------------|-----------------------------|----------|
| Attends to an adult-directed activity for the expected length of time (e.g. morning meeting) | | | | | |
| Understands the give and take of group discussion | | | | | |
| Contributes (positively) to group discussion | | | | | |
| Follows 2-3 step directions | | | | | |
| Works cooperatively | | | | | |
| Is able to work independently | | | | | |
| Demonstrates persistence in learning | | | | | |
| Demonstrates the ability to focus on one task | | | | | |
| Demonstrates curiosity | | | | | |
| Willingly tries new activities and challenges | | | | | |
| Demonstrates problem-solving | | | | | |
| Recalls and utilizes prior information | | | | | |
| Easily grasps new concepts | | | | | |
| ls 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 | | | | | |

Section IV: Physical Development Handedness: right ____ left ____ mixed ____

| Eye-hand coordination and dexterity | | | |
|---|--|--|--|
| Pencil grasp | | | |
| Exhibits self-help skills (e.g. hand-washing, bathroom skills, etc.) | | | |
| Easily tolerates a variety of sensory stimuli (e.g. loud sounds, textures, touch) | | | |
| Awareness of personal space | | | |
| Is independently able to maintain sitting position at circle time | | | |
| Demonstrates competent gross-motor skills (e.g. running, hopping, climbing) | | | |
| Balance and coordination | | | |

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Section V: Speech and Language Development

| | Area of strength | Age appropriate | Progressing toward age appropriate | Possible area of concern | Comments |
|--|---------------------|--------------------|------------------------------------|-----------------------------|----------|
| Understands most of what is said at school | | | | | |
| Uses detailed sentences | | | | | |
| Tells stories that stick to the topic | | | | | |
| Child's speech is intelli-gible in most contexts | | | | | |

Section VI: Parent and Family Information

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

| Consistently Usually | Sometimes | Rarely | | | |
|-----------------------------|-----------|--------|--|--|--|
| Supportive of the child's | | | | | |
| experience | | | | | |
| Supportive of your school's | | | | | |
| programs/routines | | | | | |
| Supportive of you | | | | | |
| as a teacher | | | | | |
| Responsive to | | | | | |
| suggestions/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? | | | | | |

For Candidates for Grade One ONLY

Please comment on:

• Beginning reading-readiness skills (recognizes letters, writes own name, knows sound/symbol relationships):

• Beginning math-readiness skills (one-to-one counting, recognizes numbers, recognizes colors/shapes, follows patterns):

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 which you think would be helpful. | Please feel free to write in the |
|--|----------------------------------|
| space provided on the back of this form if necessary. | |

Your name ______ Date _____ School Telephone ______

E-mail _____

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School Address

| If you would like to | discuss this applicant/family furthe | r, please list your telephone number | and the best time |
|----------------------|--------------------------------------|--------------------------------------|-------------------|
| for us to call. | | | |
| Daytime | Evening | Best time to call | |

Thank you for your candor and your thoughtful insights.

Additional Comments