



STUDENT EVALUATION REQUEST

Dear Parents,

Please complete the following section and give this form to your child's current teacher with an envelope addressed to Brookwood School Admissions Office, One Brookwood Road, Manchester, MA 01944. It can also be emailed to admissions@brookwood.edu. Please ask your child's teacher to return this to Brookwood **as soon as possible**.

Student's Name: _____

Current Teacher's Name(s): _____

By signing this form, you are giving permission for Brookwood's Admissions Office to keep a digital copy of these forms on GSuite as well as allow for follow-up conversations or classroom observations that may be necessary for the completion of your child's application. Should you have any questions or concerns, please contact the Admissions Office directly.

Parent Signature: _____

Dear Teacher,

Thank you for completing the attached confidential Student Evaluation form(s) for the applicant named above and returning it to Brookwood School in the envelope provided or emailing it to admissions@brookwood.edu **as soon as possible**. We recommend keeping a copy of it in case for some reason it doesn't get to us.

Teacher input is a valuable part of the admissions process at Brookwood School and we very much appreciate your confidential input on behalf of this candidate. All materials submitted to Brookwood are considered confidential communications and are only reviewed by the Admissions Committee. If you have any questions or concerns, please feel free to call me at 978-526-4500. Thank you for your time and candor.

Sincerely,

Lindsay C. Murphy
Director of Admissions



Please send this form to the school to which the student is applying.

STUDENT EVALUATION

For children entering Pre-Kindergarten, Kindergarten and Grade One

Section I:

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 √ best descriptor)

Table with 6 columns: Area of strength, Age appropriate, Progressing toward age appropriate, Possible area of concern, Comments. Rows list various social and emotional skills such as 'Separates easily from parents/guardians', 'Is comfortable with adults', etc.

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					
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					

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					

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 intelligible in most contexts					

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					
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 _____

School _____ Address _____

If you would like to discuss this applicant/family further, 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

Please send this form to the school to which the student is applying.