



## Bradley Hills Presbyterian Church Nursery School Transitional Kindergarten Confidential Student Evaluation Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

To the parents/guardians: Please complete the above information and read/sign the statement below. Give a signed copy of this form to your child's current teacher/school and request that the form be completed and mailed to BHPCNS, c/o Liz Sobrino, 6601 Bradley Blvd., Bethesda, MD 20817 or sent electronically to [Lsobrino@bhpcns.org](mailto:Lsobrino@bhpcns.org). The information provided on this form will be held in the strictest confidence.

For the child named above, I hereby waive my right to access this recommendation and authorize the person completing this form to provide an evaluation and all relevant information to the BHPCNS for purposes of my child's application for admission.

Name of parent/guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To the person completing this form: BHPCNS would appreciate your candid assessment of the applicant's abilities. The questions below ask for your sense of this child's social, physical, and skill development. We will review this form with the full awareness that young children are constantly changing and developing. The information provided will be used in our assessment process and will not become part of the child's permanent record. **If the applicant's parent/guardian has signed the waiver above, your recommendation will be kept confidential to the extent permitted by law.**

Form completed by (print name) \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Director/Principal Email: \_\_\_\_\_

How long have you known this child? \_\_\_\_\_ Date of entry to your program: \_\_\_\_\_

Do you currently teach this child?  yes  no What is the size of the child's instructional group? \_\_\_\_\_ children \_\_\_\_\_ teachers

Length of child's school day: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

Please describe any unique attributes or circumstances of this child (e.g. special talent, bilingual, etc.) \_\_\_\_\_

What 3 adjectives/words come to mind to describe this child? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

For each item in the table below, please check the most appropriate description of this child.

Social & Physical Development	Advanced for Age	Appropriate for Age	Needs Development	Not at Acceptable Level	Did not Observe	Comments
Separation from parents/guardians/caregivers						
Interaction with parents/guardians/caregivers						
Ability to share and work cooperatively						
Ability to wait turn						
Cooperative attitude						
Resolves conflict appropriately						
Responds positively to re-direction						
Respect for own property						
Respect for other's property						
Accepts responsibility for actions						
Uses language to solve problems						
Interaction with peers						
Friendship skills and collaborative play						
Interaction with teachers						
Participates in physical activities						
Gross motor coordination						
Balance, gait, fluidity, smoothness of movement						
Body and space awareness						

Usually takes the role of:  Large Group  Small Group  Varies

Personal Characteristics	Advanced for Age	Appropriate for Age	Needs Development	Not at Acceptable Level	Did not Observe	Comments
Self-help skills (clothes, bathroom, lunch, etc.)						
Self-motivation						
Self-confidence in approaching tasks						
Sense of humor						
Acceptance of limits						
Follows classroom/school rules						
Sense of humor						
Curiosity						
Attention span for self-chosen activity						

Usually takes the role of: \_\_\_\_\_ Leader \_\_\_\_\_ Follower \_\_\_\_\_ Varies

Pre-Academic Skills	Advanced for Age	Appropriate for Age	Needs Development	Not at Acceptable Level	Did not Observe	Comments
Fine motor coordination (puzzles, lacing, cutting)						
Uses appropriate pencil grip						
Draws with details						
Works with manipulatives						
Speech is clear and understandable						
Vocabulary						
Ability to stay on discussion topic						
Tells story events in sequence (memory)						
Asks questions to extend understanding						
Recognizes shapes						
Recognizes upper case letters						
Recognizes lower case letters						
Recognizes numerals						
Transitions easily						
Listens to directions						
Follows directions and complete tasks						
Participates in circle time activities						
Attention for teacher led activity						
Ability to work independently						
Ability to focus and contribute in large group						
Ability to focus and participate in small group						

What are this child's strengths/gifts? \_\_\_\_\_  
 \_\_\_\_\_

What are this child's challenges? What frustrates this child? \_\_\_\_\_  
 \_\_\_\_\_

Describe this child's approach to learning and describe the kind of classroom environment which would be good for this child. \_\_\_\_\_  
 \_\_\_\_\_

Family Involvement	Consistently	Usually	Sometimes	Rarely	Did not Observe	Comments
Has realistic expectations for their child						
Communicates openly with the school						
Follows the rules and policies of the school						
Cooperates with classroom teachers						
Follows through with school recommendations						
Cooperates with school administration						
Participates in school activities						

Comments: \_\_\_\_\_

Is there any information about this student that would be better discussed by phone? \_\_\_\_\_ Yes \_\_\_\_\_ NO  
 Your signature: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_