



Student Evaluation Form

For students entering 1st-8th grade

Parent or Guardian

Name of Applicant: _____ Date of Birth : _____

Applying for Grade: _____

Please write your child's name in the space above and read and sign the following before giving this to your child's current or most recent teacher.

I understand and agree that the information contained in this Student Evaluation Form is confidential and will be used only in the process of applying to All Nations Community School. It will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside of All Nations Community School, and I waive the right to see it.

Signature of Parent or Guardian _____ Date _____

Teacher

As a current or recent teacher of above student, please evaluate the applicant based on your direct knowledge of him or her. Please note that the information you submit will be confidential, will not be shared with the student and family, and will not become part of the student's permanent school records. In order to establish and honor confidentiality, please complete and send this form directly to the Admissions Office at ANCS. Your feedback and comments will be held in strict confidence. If there is a skill that you have not observed, please write N/A next to that skill.

Please scan and email this form to: admissions@allnationscs.org

If you have any questions, please feel free to call Christina Callaway at 832-510-8311.

Teacher's Name _____ Date _____

Name of School _____ Phone _____

School Address _____



General Academic Ability

Superior

Above Average

Average

Below Average

Academic Skills	Always	Frequently	Sometimes	Seldom
Listens to and follows teacher directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Perseveres in spite of difficulty				
Works cooperatively				
Enjoys new challenges				
Exhibits problem solving abilities				
Expresses ideas clearly				
Moves easily from one activity to another				
Demonstrates appropriate energy level				
Demonstrates ability to stay on task				
Is self motivated				
Responds positively to constructive criticism				

Social Skills	Always	Frequently	Sometimes	Seldom
Responds positively to constructive criticism				
Establishes friendships easily				
Shares well				
Demonstrates self-control				
Communicates needs effectively				
Takes responsibility for belongings				
Demonstrates appropriate behavior				
Exhibits emotional maturity				



Physical Development	Excellent	Good	Needs Improvement
Gross motor coordination			
Speech/articulation			
Fine motor coordination			

Circle the words that best describe the applicant.

Aggressive
Honest
Immature
Disobedient
Self-disciplined
Mature
Oppositional
Vivacious
Manipulative
Conscientious

Over-protected
Social
Cheerful
Self-centered
Follower
Shy
Confident
Irritable
Easily discouraged
Perfectionist

Helpful
Articulate
Responsible
Motivated
Positive leader
Anxious
Well-liked
Organized
Negative leader

Family Information	Always	Frequently	Sometimes	Seldom
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows rules and policies of the school				
Parents' perception of child aligns with academic performance and behavior at school				

Please check for your overall recommendation:

Highly recommend
 Recommend
 Recommend w/reservation
 Do not recommend

Other comments that may be helpful to consider:

Teacher's Signature: _____

Date: _____