

Confidential Student Evaluation



For children entering Reception, Year One and Year Two

TO BE COMPLETED BY HEAD OF SCHOOL OR DESIGNATED TEACHER

Please return completed form and requested documentation by _____ 20____

Email: admissions@thelathamschool.com

Section 1

Name of child:

Last First Middle

Date of birth: _____ Applicant for Year: _____

This student is applying to The Latham School, a private, co-educational, international school with high academic standards. We appreciate your co-operation 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 behaviour 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.

Number of years at current school _____ I have known this student for _____ years _____ months.

My relationship with this student has been that of _____

Is child generally on time for school? Yes _____ No _____ Attendance pattern _____

Section 2 - Social/Emotional Development (Please ✓ best descriptor)

	Area of strength	Age appropriate	Progressing toward age appropriate	Possible area of concern
Separates easily from parents/guardians				
Is comfortable with adults				
Finds ways to enter group play				
Initiates play activities				
Co-operates in play				
Engages in imaginative play				
Shares well without prompting				
Participates willingly in group tidying-up				
Respects the rights and property of others				

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Shows concern towards peers				
Stands up for self				
Uses words to resolve conflicts				
Demonstrates flexibility in problem solving				
Accepts responsibility for behaviour				

Section 3 – Language(s) Proficiency

English

SPOKEN

Fluent

Developing

Beginner

WRITTEN

Fluent

Developing

Beginner

Other Language(s)

(Please specify language & whether Mother Tongue, L1, additional language etc.)

SPOKEN

Fluent

Developing

Beginner

WRITTEN

Fluent

Developing

Beginner

Section 4 - Cognitive Development

	Area of strength	Age appropriate	Progressing toward age appropriate	Possible area of concern
Attends to an adult-directed activity for the expected length of time (e.g. morning meeting)				
Contributes (positively) to group discussion				
Follows 2-3 step directions				
Works co-operatively				
Is able to work independently				
Demonstrates persistence in learning				
Demonstrates the ability to focus on one task				
Willingly tries new activities and challenges				
Demonstrates problem-solving				
Recalls and utilizes prior information				
Easily grasps new concepts				
Responds positively to teacher re-direction and limit setting				
Understands most of what is said at school				
Child's speech is intelligible in most contexts				

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Section 5: Physical Development

Handedness: right _____ left _____ mixed _____

	Area of strength	Age appropriate	Progressing toward age appropriate	Possible area of concern
Eye-hand co-ordination and dexterity				
Exhibits self-help skills (e.g. going to the toilet)				
Awareness of personal space				
Demonstrates competent gross-motor skills (e.g. running, hopping, climbing)				

Section 6 - Parent and Family Information

	Consistently	Usually	Sometimes	Rarely
Has/have the parent(s)/guardian(s) of this child been:				
Supportive of the child's experience?				
Supportive of your school's programmes/ routines?				
Responsive to suggestions/ guidance?				
Realistic in setting educational goals?				
To your knowledge, is the parent's/ guardian's perception of the child compatible with the school's understanding of the child?				

Section 7 – Educational History

To your knowledge, has this student ever repeated a grade?

If yes, please provide details.

Yes

No

Does the student possess any diagnosed learning disability? (Eg. ADD/ADHD, dyslexia, dyspraxia, delayed speech or language development, sensory or motor development)

If yes, please provide details.

Yes

No

Has the student been recommended for or involved in individual or group support?

If yes, please provide details.

Yes

No

Thank you giving your time to complete this form and for your candour and thoughtful insights.

Your name _____ Date _____

School Telephone _____ School E-mail _____

School Address _____