

CONFIDENTIAL EVALUATION FORM FOR FIRST-SIXTH GRADE APPLICANTS



NAME OF APPLICANT _____ APPLYING FOR GRADE _____

TO THE PARENT: Please complete the following portion of this form and give it to your child's current teacher. Your signature acknowledges that you waive the right to read the confidential teacher recommendation and the school report(s) for the student listed below. Thank you.

SIGNATURE OF PARENT OR GUARDIAN _____

TO THE TEACHER: The student whose name appears above is a candidate for admission to Crestview Preparatory School. Your insights and observations are extremely helpful and the professional comments you share will be held in strictest confidence. Please complete both sides of this form after **DECEMBER 1ST** and mail it directly to Crestview Preparatory School by February 1ST. Thank you.

COGNITIVE DEVELOPMENT	MATURE	AGE APPROPRIATE	NEEDS DEVELOPMENT	IMMATURE
Speaking vocabulary				
Listens attentively				
Works cooperatively with peers				
Able to focus on one task				
Completes tasks on time				
Follows verbal directions				
Is willing to try new activities				
Expresses ideas well				
Reading vocabulary				
Reading comprehension				
Shows interest in reading				
Math skills				
Works independently				
Time Management				
Attention span				
Comments:				
Please describe this child's strengths and interests:				

SOCIAL AND EMOTIONAL DEVELOPMENT	MATURE	AGE APPROPRIATE	NEEDS DEVELOPMENT	IMMATURE
Accepts limits, boundaries, rules				
Adjusts to transitions				
Asks for help when needed				
Cooperates				
Cooperative in group activities				
Exhibits confidence				
Functions independently				
Has the capacity to follow				
Has the capacity to lead				
Maturity				
Shares willingly				
Shows concern for others				
Comments:				

FAMILY INFORMATION	CONSISTENTLY	USUALLY	SOMETIMES	RARELY
Communicates openly with school				
Cooperates with classroom teachers				
Cooperates with administration				
Follows rules and policies of school				
Has realistic expectations for their child				
Timely in meeting financial obligations				
Comments:				

Are there any special needs or concerns of which we should be aware?

Teacher's Signature _____ Date _____

Teacher's Printed Name _____

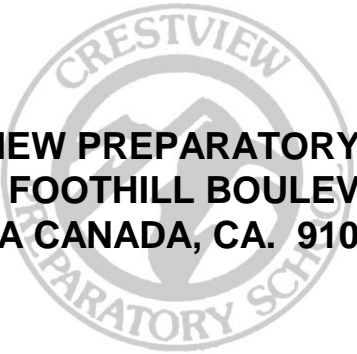
School Name _____ Telephone (with area code) _____

Address _____

We appreciate your help. All information is kept strictly confidential.

Please return this form to **CRESTVIEW PREPARATORY SCHOOL**.

Do not hesitate to call Marie Kidd or Michele Poteet at (818) 952-0925 if you have any questions or additional information.



**CRESTVIEW PREPARATORY SCHOOL
140 FOOTHILL BOULEVARD
LA CANADA, CA. 91011**

REQUEST FOR COPY OF SCHOOL RECORDS

Applicant's Current School: _____

Address _____
street city state zip

Please send **copies** of report cards/progress reports for the past year(s) and the current year to date and any available test data for the student named below to:

**Admissions Office
Crestview Preparatory School
140 Foothill Blvd.
La Canada, Ca. 91011
818/952-0925
FAX: 818/952-8470**

Applicant's Name _____ Present Grade _____

Date of Birth _____

I hereby authorize the release of the above mentioned information to Crestview Preparatory School.

Signature of Parent or Guardian

Date