

School Evaluation Form

I. STATISTICS

1. Child's Full Name: _____
2. Sponsors SS#: _____
3. Date of Birth: _____
4. Father's Name: _____
5. Mother's Maiden Name: _____
6. Family Members in your school:

<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>
-------------	------------	--------------

- | | | |
|----|-------|-------|
| a. | _____ | _____ |
| b. | _____ | _____ |
| c. | _____ | _____ |
| d. | _____ | _____ |

7. Present Home Address: _____
8. Home Telephone Number: _____
9. Emergency Number: _____

II. SCHOOL INFORMATION

1. Name of School: _____ Address: _____
_____ Phone Number: _____
2. Principal: _____
3. Date of Child's Enrollment: _____
4. Present Grade: _____
5. Number of pupils in class: _____
6. Type of class (circle one) ACCELERATED NORMAL SPECIAL OTHER
Comments: _____

School Evaluation Form (continued)

7. Length of School Day: _____ hours.

8. How much time is allotted to do the following activities;

	Morning	Afternoon
a. Recess	_____	_____
b. Instruction	_____	_____
c. Play	_____	_____
d. Gym	_____	_____
e. Lunch	_____	_____

9. Concerning lunch break is the child (check one):

() "captive" –must stay in the lunchroom all period

() "free"-permitted to play and talk after lunch

() goes home for lunch

10. Attendance:

a. Current Year: Days absent: _____ Days Late: _____ Medical excuses: _____

b. Previous Year: Days absent: _____ Days Late: _____ Medical excuses _____

11. Grading system (circle one):

a. Numerical b. Letter c. Satisfactory-Unsatisfactory d. Other

12. Previous Schools Attended:

a. Name: _____

b. Location: _____

c. Grade Level Attained: _____

d. Comments on performance, reason for repeated grade(s): _____

III. PHYSICAL HEALTH REPORT:

1. Mention any pertinent medical history known to the school: current significant illnesses, medications being taken while in school, or incapacitations. _____

2. School doctor and/or nurse comment: _____

3. Date of last complete physical examination and abnormal findings: _____

4. Can and does the child fully participate in classroom activities, gym, and organized athletics: _____

5. Any history of seizures, mental lapses, excessive staring spells, unusual repetitive actions, heart, lung or urinary problems, grave illnesses? _____

IV. CURRENT SCHOOL PROGRESS:

1. How well does this child function in the school setting? _____

2. Specific achievements in basic academic skills: (check appropriate boxes)

a. Reading () _____

b. Spelling () _____

c. Arithmetic () _____

d. Penmanship () _____

e. Oral Expression () _____

f. Art () _____

g. Shop () _____

School Evaluation Form (continued)

h. Other () _____

Special Interests and talents noted in school: _____

General Comments: _____

3. Does the child have the manual dexterity to manipulate classroom materials easily? (Consider use of crayons, blocks, pens, shop tools, gym equipment, etc.) _____

4. Does the child understand spoken language adequate for his age group? (Consider oral instructions and explanations, class discussion, general responses) _____

5. Does he/she have an adequate fund of age-appropriate general information? _____

6. Does he/she remember and utilize when he/she learns? _____

a. Immediate recall: _____

b. Long-term memory: _____

7. Does the pupil comprehend abstract concepts? (Ex: time, hate, love) _____

8. Does the child demonstrate any visual or hearing problems? _____

9. Does the child have homework, is it done, and to what degree of proficiency? _____

10. Is his/her overall school performance reasonably consistent? _____

V. INTERPERSONAL RELATIONSHIPS:

1. How does the child relate to you and other adults? _____

2. How does he/she relate to his/her peer group in school and on the playground? _____

3. How does the child relate to much younger and much older children? _____

VI. REASON FOR REFERRAL:

1. List the main questions and/or areas of concern the school would like answered through medical evaluation of this child. _____

VII. ANCILLARY SERVICES:

1. Does your school have a Guidance and/or Psychology Department? (Name, position, and phone number of responsible persons) _____

2. If any previous psychometric testing and/or counseling have been completed, please summarize giving agency which administered it and date. _____

School Evaluation Form (continued)

3. What steps have been taken and/or what recommendations have been made to assist the child in "problem" areas? Specifically mention other referrals, agencies utilized, special classes, extraordinary school assistance and results of these endeavors. _____

4. What other program or services are available in your school that you think would be of help to this child? Can these be made available? _____

Thank you kindly for your patience and cooperation in completing this questionnaire. We sincerely hope that we can be of assistance to you.

Signature(s) of person(s) completing form

Title/Position

Date

I authorize the release of the above information and the results of any testing done on behalf of my son/daughter to Dr. _____.

SIGNATURE OF PARENT/GUARDIAN