**CONFIDENTIAL**

Horizons at Foote Student Evaluation Form

To the Teacher: We appreciate your cooperation in completing this form. The applicant has applied to Horizons at Foote, a summer academic and enrichment program. The information requested below provides one way of getting to know the child and is reviewed with the understanding that the child is constantly changing and developing. We particularly value your observations of classroom behavior and your descriptive comments. Our goal is to admit children that are the best fit for our program. 2/3 of the students we accept are considered to be “below grade level” in literacy and/or math. We meet the child where he or she is and appreciate your help in providing information that we can use to determine how best to help the child learn and grow this summer. This evaluation will be kept in strict confidence and used solely to help inform a thoughtful admission decision. Please be assured that all information will remain confidential. Thank you for your assistance.

Name of Applicant

Current School Current Grade

Teacher:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social/Emotional Development** | **Area of Concern** | **Needs Development** | **Age Appropriate** | **Exceeds Age Expectations** | **Comments** |
| Cooperates in play | 1 | 2 | 3 | 4 |  |
| Becomes engaged with peers | 1 | 2 | 3 | 4 |  |
| Is comfortable with adults | 1 | 2 | 3 | 4 |  |
| Exhibits curiosity | 1 | 2 | 3 | 4 |  |
| Exhibits self-control | 1 | 2 | 3 | 4 |  |
| Tolerates frustration | 1 | 2 | 3 | 4 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Physical Development** | **Area of Concern** | **Needs Development** | **Age Appropriate** | **Exceeds Age Expectations** | **Comments** |
| Fine motor control | 1 | 2 | 3 | 4 |  |
| Gross motor control | 1 | 2 | 3 | 4 |  |
| Speech development | 1 | 2 | 3 | 4 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill Development** | **Area of Concern** | **Needs Development** | **Age Appropriate** | **Exceeds Age Expectations** | **Comments** |
| Listens in a group | 1 | 2 | 3 | 4 |  |
| Follows directions | 1 | 2 | 3 | 4 |  |
| Can focus on one task | 1 | 2 | 3 | 4 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Accepts limits/routines | 1 | 2 | 3 | 4 |  |
| Makes transitions easily | 1 | 2 | 3 | 4 |  |
| Expresses ideas well | 1 | 2 | 3 | 4 |  |
| Enjoys listening to stories | 1 | 2 | 3 | 4 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Development** | **Area of Concern** | **Needs Development** | **Age Appropriate** | **Exceeds Age Expectations** | **Comments** |
| Reading and decoding skills | 1 | 2 | 3 | 4 |  |
| Reading comprehension | 1 | 2 | 3 | 4 |  |
| Math computation | 1 | 2 | 3 | 4 |  |
| Math problem solving | 1 | 2 | 3 | 4 |  |
| Attention span | 1 | 2 | 3 | 4 |  |
| Motivation | 1 | 2 | 3 | 4 |  |

# Please comment on each of the following regarding this child. Please use the back if more space is required.

Favorite activities:

What adjectives come to mind when you think of this applicant?

Parent cooperation and involvement with the school:

What challenges does this child face as a learner?:

In what specific areas would you like to see this student grow this summer?

Is there anything else you think we should know about this student?

# Teacher Contact Information

Name (Please print) Position School Name Telephone Email \_ Signature Date **Please return directly to:**

Kelonda Maull, Executive Director, Horizons at Foote, 50 Loomis Place, New Haven, CT 06511 **kmaull@footeschool.org**