

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:

Christina MacLean, Assistant to the Executive Director, Horizons at Foote, 50 Loomis Place, New Haven, CT 06511

cmaclean@footeschool.org