

**2019-2020 STUDENT EVALUATION FORM
(Applicants for Grades 1-7)**

Please print and complete both sides of this form.



A K-12 independent school

Please mail this form no later than **February 4, 2019** to:

Carolyn Stirling, EdD, Director of Admissions, Sequoyah School, 535 South Pasadena Ave., Pasadena, CA 91105

The student named below, who currently attends your school, has applied to Sequoyah School. Please help us by filling out both sides of this form. We are grateful for your time and insight. If you have any questions, please contact Kay Yamamoto, K-8 Admissions Associate, at 626-795-4351 x219 or k-8admissions@sequoyahschool.org. Thank You.

APPLICANT INFORMATION This section to be completed by student's parent/guardian.

Student's Name _____ Current Grade _____

Current School _____ (_____) _____ Dates _____
NAME TELEPHONE DATES ATTENDED

School Address _____
STREET ADDRESS CITY/STATE/ZIP

I hereby authorize the above named school to send complete information relative to my child to the Sequoyah School.

SIGNATURE OF PARENT/GUARDIAN DATE

ASSESSMENT This section to be completed by teacher(s) and administrator(s).

Please complete by circling the appropriate numbers.

THE STUDENT:	Rarely		Sometimes				Often		Usually	
Follows directions	1	2	3	4	5	6	7	8	9	10
Exhibits positive classroom behavior	1	2	3	4	5	6	7	8	9	10
Has positive interactions with peers	1	2	3	4	5	6	7	8	9	10
Is considerate of others	1	2	3	4	5	6	7	8	9	10
Is able to work in a group	1	2	3	4	5	6	7	8	9	10
Is able to work independently	1	2	3	4	5	6	7	8	9	10
Is able to maintain focus during tasks	1	2	3	4	5	6	7	8	9	10
Has self-confidence	1	2	3	4	5	6	7	8	9	10

THE STUDENT'S:	Below Average			Average				Above Average		
Ability to express ideas	1	2	3	4	5	6	7	8	9	10
Organizational skills	1	2	3	4	5	6	7	8	9	10
Reading skills	1	2	3	4	5	6	7	8	9	10
Writing skills	1	2	3	4	5	6	7	8	9	10
Math skills	1	2	3	4	5	6	7	8	9	10
Ability to complete assignments	1	2	3	4	5	6	7	8	9	10
Ability to transition	1	2	3	4	5	6	7	8	9	10

THE PARENT(S)/GUARDIAN(S):	Rarely		Sometimes				Often		Usually	
Participate(s) in child's education	1	2	3	4	5	6	7	8	9	10
Cooperate(s) with teachers at school	1	2	3	4	5	6	7	8	9	10
Has/Have realistic expectations	1	2	3	4	5	6	7	8	9	10

Please complete reverse.

TEACHER QUESTIONNAIRE

Student's Name _____ Current Grade _____

1. Describe the student's personality, strengths and passions.

2. Is there any additional information you would like to tell us about this student?

PRINT TEACHER NAME

TEACHER SIGNATURE

DATE

ADMINISTRATOR QUESTIONNAIRE

Please complete by circling the appropriate numbers.

THE PARENT(S)/GUARDIAN(S):	Rarely		Sometimes			Often			Usually	
Are cooperative with the school	1	2	3	4	5	6	7	8	9	10
Are involved in the school community	1	2	3	4	5	6	7	8	9	10
Are financially responsible	1	2	3	4	5	6	7	8	9	10

Comments:

How long have you known this family?

PRINT ADMINISTRATOR NAME & TITLE

ADMINISTRATOR SIGNATURE

DATE