

North Seattle
French School



Ecole Bilingue
de Seattle

PRESCHOOL EVALUATION FORM [CONFIDENTIAL]

Please return to:

North Seattle French School - Admissions
18560 1st Avenue NE #Wing F
Shoreline, WA 98155

OR via email at admissions@northseattlefrenchschool.com

Child Name _____

To be filled out by the student's pre-school instructor, current teacher or director of school.

Name and title of person filling out evaluation _____

How long have you known this child and in what capacity?

We would appreciate your honest input by providing us with the following information so that we can best place and serve every child at NSFS.

Please offer as much guidance as you can about the candidate below. Where you see strengths, we would love to know about them! If you have been working through concerns, this information is important to our process as well. If, through your observations and experience, you feel a child has any special needs, either of a social-emotional or academic nature, please be sure to note this below and explain. Our goal is to make sure we are the right fit for each child and family. This evaluation helps us support every teacher and child if admitted to our school.

Thank you for your time in completing this form.

Please do not hesitate to contact our Admissions Team at 206-365-1034.

SOCIAL EMOTIONAL LEARNING	Always	Sometimes	Rarely	Comment
Interacts with peers and adults during work and play times				
Relates positively to peers through play and during group work times				
Relates to adults during instructional time				
Manages frustration when challenged or disappointed				
Adapts to change and transitions				
Easily separates from parents				
Shares materials and possessions with other students				
Functions independently in relationship to self care				
Asks for help when needed				

Comments: _____

COGNITIVE	Age Appropriate	Needs Development	Comment
Expresses ideas orally to peers and teachers			
Grasps concepts taught to students in whole group setting			
Is able to follow multi-step directions			
Demonstrates curiosity/ interest in learning			
Is able to work with peers			

Comments: _____

PHYSICAL DEVELOPMENT	Age Appropriate	Needs Development	Comment
Fine motor control and coordination			
Gross motor control and coordination			
Willingness to engage in physical activities and play			
Awareness of body in space (both in relationship to others, and to what is happening in the classroom)			

Comments: _____

FAMILY INFORMATION	Always	Sometimes	Rarely	Comment
Cooperates with teachers and administration and communicates respectfully				
Follows the rules and policies of the school				
Meets financial obligations in timely manner				
Communicates respectfully with other families in the community				
Volunteers in the classroom and school				
Contributes positively to the community				

Comments: _____

Do you feel this child is ready for a full-time Kindergarten program? YES_____ NO _____

Check if you would like us to call you to discuss this student in greater detail.

Name: _____

Title or Position: _____

Phone: _____

Email: _____

Signature: _____

Today's Date: _____