

PLEASE SIGN AND DELIVER THIS FORM TO THE CURRENT TEACHER

### Parent Guardian to Complete

Student \_\_\_\_\_ Current Preschool: \_\_\_\_\_

As **parent/guardian of the above-named student**, I authorize the teacher of the Student to provide a confidential evaluation of the Student directly to Diamond School. I understand the contents of the evaluation are confidential.

Parent Name	Signature	Date
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### Teacher To Complete

Only complete if parent/guardian signature above

**To the Teacher:** The parents of this student have applied to Diamond School. We would appreciate if you would fill out this confidential form so that we are able to consider the student's overall in-school skills. Once you have completed the form, please scan and email to 23-24admissions@diamondschool.ca or mail to the address below. Thank you for your cooperation.

SOCIAL/EMOTIONAL DEVELOPMENT	Needs Improvement	Age Appropriate	Mature for Age
Emotional maturity (i.e. acceptance of routines, tolerance of frustration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-control (e.g. ability to wait turn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers in a respectful and considerate way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work cooperatively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to wait turn when speaking or doing an activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span when completing an assigned task (i.e. independent or small group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span during teacher led lessons and activities (i.e. circle time, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence (i.e. bathroom, changing clothes, eating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor coordination (i.e. cutting, gluing, pencil grip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions to extend understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM & ACADEMIC DEVELOPMENT	Not Yet/ Developing	Partially	Consistently
Follows classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in all activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions easily from one activity to the next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech is clear & understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to print name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes uppercase letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to print uppercase letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes lowercase letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to print lowercase letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes letter sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes numbers 1 to 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print numbers 1 to 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME	Seldom	Sometimes	Consistently
Parent Support for Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Support for the School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on additional areas of strength or those requiring support (e.g. literacy or numeracy skills, behaviour, etc.)

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Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_