



Kindergarten/Lower Elementary Prospective Student Record Request and Evaluation Form

Part I

Student's Name _____ Date of Birth _____ Applying to grade _____
LAST FIRST

To the parent: Print the above information and give this form to the student's teachers with a *stamped envelope* addressed to **SNHMA at 1E Commons Drive, Londonderry, NH 03053**. Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations.

Name of student's Parent or Guardian (please print) _____ Phone Number _____

Signature of student's Parent or Guardian _____ Date _____

To the teacher or school director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. This evaluation will be kept in strict confidence, will be reviewed only by the admission committee and will not become part of the student's permanent record. Your insights will be used solely to help inform a thoughtful admission decision which will result in the best placement for each child.

When was the child in your class? Dates: from _____ to _____ Number of children in class _____ Age range _____

Part II

Provide feedback regarding the applicant using the table below.

Categories	Excellent	Above Average	Average	Below Average	Poor	Not Observed Not Applicable
Academic Skills						
Social/Emotional Development						
Motor Development						
Peer Relationships						
Student/Staff Relationships						
Cooperation						
Problem Solving						
Judgment						
Attendance and Punctuality						

Part III

Answer the questions below to the best of your ability.

Identify this child's academic strengths: _____

Identify this child's academic interests: _____

Describe this child's willingness to try new activities: _____

Describe this child's ability to focus on and complete a task: _____

Identify any areas in which this child requires academic support: _____

Describe how this child interacts with other children: _____

Describe how this child interacts with adults: _____

Identify any areas in which this child needs social/emotional support: _____

For Candidates for Grade One ONLY

Please comment on:

Beginning reading-readiness skills (recognizes letters, writes own name, knows sound/symbol relationships):

Beginning math-readiness skills (one-to-one counting, recognizes numbers, recognizes colors/shapes, follows patterns):

We encourage any other information that you think would be helpful. Please feel free to write in the space provided on the back of this form if necessary.

General Comments: _____

Signature		School
Your name (please print)		Full School address with zip code
Position		
Email		
Date	Phone	Is there additional information that can be better conveyed in a phone conversation? Yes / No

Thank you for your candor and your thoughtful insights.

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