

Child's Full Name:			
Date of Birth:	Entering Grade:		
named below to provide an	ereby waive my right to access this re evaluation, in written and/or oral forn tomac Crescent Waldorf School.		
Name of Parent:			
Parent Signature:		Date:	
Name of School Currently A	ttending:	Dates Attended:	to
Teacher Name:		Role:	
Potomac Crescent Waldorf S information to Jade Hines, a above.	uate the following student to help us of School. We appreciate your candid ass Director of Admissions and Enrollment is that come to mind to describe this s	sessment. Return this form and all t, jhines@potomacwaldorf.org, or	l pertinent
student.	student has completed in your schoo		
<u> </u>	attend school and arrive on time?		

Please comment on the family's degree of involvement in student's education and the life of the school.

Please describe any accomm	odations o	r modif	ication	s you have mad	de to classroom instruction for this student.
Please evaluate the student i	n the follo	wing ar	eas. wi	th a rating of E	xcellent, Good, Fair, or Needs Improvement
Please include comments to		_			, состава поред на пред на
	,		Ü		
	Excellent	Good	Fair	Needs	Comments
Consideration de				Improvement	
General attitude					
Effort					
Relationships with					
teachers					
Respect for authority					
Relationships with peers Self-confidence					
Initiative					
Cooperation					
Awareness of appropriate classroom conduct					
Study habits					
Participation					
Pride in work					
Ability to work					
independently					
Ability to work in a group					
Completes assignments					
Problem solving ability					
Ability to learn from					
mistakes					
Ability to persevere					
Awareness of other's					
needs					
Receptivity to corrective					
comments					
Impulse control					
Independence in play					
Initiates independent play					
Initiates cooperative play					

Please describe any special needs (physical, emotional, mental, language barriers, family situation) that affect