

STUDENT EVALUATION

For applicants to grades two through six

THE BEMENT SCHOOL

Deerfield, MA 01342

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To the teacher: We appreciate your cooperation in completing this form and returning it directly to The Bement School. We place particular value on your comments in each area and hold this information in strict confidence for use by the Admission Committee only.

Name of applicant _____ Current grade _____

My relationship has been that of _____ for _____ years _____ months.

What are the first words that come to your mind to describe this candidate?

For the following items, please mark on the dotted line one or more responses which may pertain to each. You may adjust the placement of the check mark to left or right within a given section.

					Comments
Sense of responsibility	responsible	usually responsible	sometimes responsible	rarely responsible	
Consideration for others	usually thoughtful	usually considerate	inconsiderate	unkind	
Social relationship with peers	healthy relationships	has occasional problems		relates poorly	
Leadership ability	excellent	good	average	poor	
Emotional maturity	very mature	average	somewhat immature	very immature	
Self-confidence	healthy self-image	needs some support	seems overly confident	poor self-image	
Sense of humor	highly developed	good		poorly developed	
Self control	good	unusually good	occasional misconduct	frequent disruption	
Relationship with adults	is comfortable	is uneasy	is dependent	avoids contact	

Please comment on:

Study habits _____

Motivation _____

Organization _____

Curiosity _____

Attention span _____

Ability to express ideas orally _____

Ability to work in a group _____

Creativity _____

Reading for pleasure _____

Attendance pattern _____

Parent cooperation _____

Parent involvement in school affairs _____

Please comment on the candidate's level of progress and achievement in the following areas. Add grades if applicable.

Reading _____

Spelling _____

Composition _____

Math _____

Social Studies _____

Science _____

Foreign Language _____

Creative Arts _____

Athletics _____

Is there ability grouping? _____ If yes, please indicate candidate's level (high, middle, low) in reading _____ math _____

Achievement Tests: Name of test _____ Form _____ Date given _____

Aptitudes:	Grade equivalent	National percentile	Local percentile	Ind. School percentile
Verbal				
Quantitative				
Achievements:				
Vocabulary				
Reading Comp.				
Math Concepts				
Math Computation				

Other test results: Name of test _____ Date given _____ Results _____

We would appreciate additional comments and observations concerning the strength, weaknesses, health, or any special needs or concerns of this student and family. We welcome any other information which you think would be helpful. You may use a separate sheet of paper for further comments in any category. Thank you very much for your time.

Your name _____ Date _____ Telephone _____

School _____

Address _____
