



THE BEMENT SCHOOL  
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## STUDENT EVALUATION

For homeschooled applicants

**To the parent/guardian or tutor:** We appreciate your cooperation in completing this form and returning it directly to The Bement School. It provides one way of getting to know the student and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your descriptive comments in each area. This evaluation will be kept in strict confidence and used solely to help inform a thoughtful admission decision.

Name of applicant \_\_\_\_\_ Application for grade \_\_\_\_\_  
FIRST LAST

Days per week enrolled \_\_\_\_\_ Hours per day \_\_\_\_\_ Size of group \_\_\_\_\_ Age range \_\_\_\_\_

I have known this student for \_\_\_\_\_ years and \_\_\_\_\_ months. My relationship has been that of \_\_\_\_\_

Please describe the student's homeschool program:

How many hours a week does this student engage in:

Academics \_\_\_\_\_

Peer Activities (social interactions) \_\_\_\_\_

Arts \_\_\_\_\_

Physical activities \_\_\_\_\_

Describe the academics provided for the student (writing, reading, math, science, social studies, etc.):

Describe the materials used, especially textbooks or other sources:

Describe the student's artistic program (if applicable):

Describe the kind of social interactions/experiences provided for this student:

(over please)

Describe the physical education program (if applicable):

How is this student's work graded/corrected/commented on? Please describe:

Please describe some of the benefits of the homeschooling experience for this student as well as some of the challenges.

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If you are the parent or guardian, please answer:

Why are you considering a different schooling experience for your child at this time?

What previous school(s) did your child attend (if applicable)? Please indicate which grades they attended the school(s).

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FOR ALL APPLICANTS:

We encourage any other information which you think would be helpful. Include comments concerning strengths, weaknesses, or any special needs or concerns of this child and/or family. You may wish to use a separate sheet of paper.

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Evaluator's name \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_