



**Please return this form to:**

City of Fountains School  
 PO Box 140441  
 Kansas City, MO 64114  
 Administrator@CityOfFountainsSchool.org  
 (816) 839-5756

## School Evaluation for Students Transferring to City of Fountains

**TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR (PRINCIPAL OR GUIDANCE COUNSELOR) OR APPLICANT'S CURRENT TEACHER :** We appreciate your cooperation and candor in completing this form. It provides one way of getting to know the student and is reviewed with the full awareness that students are constantly changing and developing. Please note that we place particular value on your observations of academic ability, motivation, 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 applicant.

**Section I: APPLICANT INFORMATION:**

Full Name \_\_\_\_\_  
 Current grade \_\_\_\_\_ I have known this candidate for \_\_\_\_\_ years \_\_\_\_\_ months. Number of students in class \_\_\_\_\_  
 What are the first three words that come to mind to describe this candidate \_\_\_\_\_  
 \_\_\_\_\_  
 Please indicate number of days: Tardy \_\_\_\_\_ Dismissed early \_\_\_\_\_ Absent \_\_\_\_\_

**Section II: CHARACTER AND PERSONALITY TRAITS (Please circle best descriptor if applicable)**

					Comments
Demonstrates sense of integrity and responsibility	consistently	usually	occasionally	seldom	
Respect and concern for others	consistently	usually	occasionally	seldom	
Social relationship with peers	very mature	average	somewhat immature	relates poorly	
Leadership ability	excellent	good	average	poor	
Emotional stability (relative to age)	very mature average	average	somewhat immature	very immature	
Response to advice or criticism	appreciative thoughtful	thoughtful	defensive	non-responsive	
Self-confidence	healthy	needs some support	seems overly confident	poor	
Sense of humor	Highly developed	age appropriate	developing	poorly developed	

Self-control	excellent	usually good	occasionally disruptive	frequently disruptive	
Interaction with teacher/adults	healthy/ comfortable	is uneasy	is dependent	avoids contact	

Section III: ACADEMIC ASSESSMENT (Please  $\checkmark$  best descriptor if applicable)

	Outstanding	Above average	Average	Below average	No basis for judgment	Comments
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Ability to follow multi-step directions						
Effort/Determination						
Resiliency when confronting challenges						
Self-motivation/initiative						
Creativity						
Willingness to take intellectual risks						
Prepared for class						
Commitment to homework						
Participation in class						
Quality of class notes						
Ability to express ideas orally						
Ability to express ideas in writing						
Ability to work independently						
Ability to work in small groups						
Respect accorded by faculty						
Respect accorded by peers						
Overall evaluation as a student						

**Section IV: PARENT AND FAMILY INFORMATION**

Has/have the parent/s of this student been:	Consistently	Usually	Occasionally	Seldom	Comments
Supportive of the student's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the student compatible with the school's understanding of the student					

**Section V: Closing**

Please comment on this student's ability to meet the expectations of your school. Have you adjusted your program to accommodate the needs or abilities of this student?

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In comparison with other students, how would you recommend this applicant for admission:

	Enthusiastically	Strongly	With reservation	Not recommended
Academically				
Personally				
Overall recommendation				

Your name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ School Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Please feel free to include any additional information such as commendations, accomplishments, or outside support/enrichment that will offer a more complete picture of this applicant. You may use the space provided on this form or attach additional sheets. If you would prefer to discuss this applicant by phone, please let us know a convenient time to call.

Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Best time to call \_\_\_\_\_

Thank you for your candor and your thoughtful insights. Please return this form to City of Fountains, PO Box 140441  
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Additional Comments: