

## Evaluation Form for The Newton School

**To be completed by a teacher, therapist or other professional who works with the student on a regular basis. Please complete this confidential form and mail it directly to The Newton School, 45965 Nokes Blvd, Suite 120, Sterling, VA 20166**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Position: \_\_\_\_\_ School/Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please fill out the chart below as accurately as possible:

<u>The Student:</u>	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
Expresses him/herself well					
Follows oral directions					
Follows written directions					
Stays on task					
has high energy					
Interacts well with peers					
Interacts well with adults					
Is able to do grade-level work					
Is relaxed, not anxious					
Is a positive role model for others					
Is calm, not hyperactive					
Enjoys school					
Participates in class activities					
Is organized					
Works well in a small group					
Works independently					
Is cooperative					
Easily transitions to new activities					
Is able to sit still and focus					

What words would you use to describe the applicant? \_\_\_\_\_

\_\_\_\_\_

Please give your realistic appraisal of this child's academic strengths and weaknesses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is this child's biggest challenge in school?

\_\_\_\_\_

\_\_\_\_\_

Would this child be successful in a classroom of 8 students and 2 teachers? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like to tell us about this child that would be helpful to know?

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_