



Student Evaluation Form

Student Information

Child's Name

Grade

Age

School Name and Address

Evaluation Information

Teacher Name

Position

Teacher Signature

Date

How long have you known this child?

What three words come to mind when describing this child?

What are this child's greatest strengths?

What are this child's challenges?

Please check the most developmentally age-appropriate description of this child.

Performance	Did Not Observe	Needs Improvement	Emerging	Consistent	Advanced	Exceptional
Ability to work independently						
Ability to work in a group						
Classroom conduct						
Relationship with peers						
Maturity						
Academic ability						
Academic performance						
Follows directions						
Attention span						
Respect for others						
Transitions						

Additional Comments:

Note to School

Please submit Student Evaluation Form via email to information@oaklandschool.net.