



Teton Valley **Community** School

192 W. Birch Street
PO Box 708
Victor, Idaho
(208) 787-0445

Student Evaluation

Student Applicant Name _____

To the Parents of the Applicant

Please give this form with our self-addressed and stamped envelope provided to your child's current teacher. Your delivery of this form to a teacher or faculty member constitutes your permission for that person to release the information requested on this form.

To the Applicant's Teacher or Child Care Provider

The Teton Valley Community School is an independent multi-age elementary school offering families of Teton Valley a progressive and developmentally appropriate education. We empower students to reach their full potential intellectually, socially and emotionally. We celebrate individual and multiple talents encouraging students to take intellectual risks and direct their own learning. We seek ways to help students develop personal responsibility through real world learning and active stewardship in partnership with our families, our community and our natural environment. Your evaluation of the applicant will help us understand if our program will be a good match for him/her and if we will be able to effectively meet his/her needs. We thank you in advance for taking the time and effort to communicate with us. After completing the evaluation please mail it directly to TVCS in the self-addressed envelope provided. All evaluations remain confidential.

Date _____

Name of Person Completing the Form _____

Title/Position _____

Educational Institution or Childcare Center _____

Mailing Address _____

Email _____ **Telephone** _____

Please describe your classroom or childcare center environment with regards to number of students, student groupings, physical arrangement, etc.

Please describe the applicant's level of effort and his/her ability to function and work independently in the classroom.

Please describe the applicant's level of classroom participation.

Please describe the applicant's ability to work cooperatively and appropriately with other students.

Please describe your sense of the applicant's emotional well-being.

Have you needed to modify physical arrangements, provide specialized services or instruction for the applicant? If so, please explain.

Please describe your observations (if any) of the applicant's ability, aptitude, capacity, and/or talent in the following areas:

Language Arts (Ability to learn and use language skills written &/or verbal)

Mathematics (Ability to analyze problems logically, carry out mathematical operations or investigate methodically)

Music (Appreciation of or aptitude for musical patterns, performance skills)

Spatial Relations (Ability to recognize and manipulate patterns of wide space or confined space i.e., an aptitude for or curiosity in building things, sculpting, putting puzzles together, understanding weather patterns, flight or astrophysics)

Athletic or Kinesthetic (Capacity to utilize one's own body for the purposes of creating art, crafts or products and/or a talent for agility, swiftness or strength)

Existential Awareness (Curiosity or cognition of the human condition with regards to "ultimate" issues i.e., the significance of life, the meaning of death, the experience of love)

Do you know or have a relationship with the applicant &/or any member of the applicant's family beyond the boundaries of your teaching position? If yes, please explain.

Please use the back of this sheet to provide additional information or insight that may assist us in our admissions process.

Signature