

**Davis Waldorf School**  
**3100 Sycamore Lane, Davis, CA 95616**  
**Confidential Student Evaluation Form for Grades**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Applying to grade \_\_\_\_\_  
last first month/date/year

**To the parent/guardian:** Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to the school listed above.

*For the child named above, I give permission for you to release the information on this form to the school listed above. I understand that I will not have access to this confidential information.*

Name of child's parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of child's parent/guardian \_\_\_\_\_

To the teacher: We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence. Please be sure the parent has signed above.

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*PLEASE CHECK APPROPRIATE BOXES:*

Academic potential	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Academic achievement	<input type="checkbox"/> considerably below expectations	<input type="checkbox"/> as expected	<input type="checkbox"/> better than tests	<input type="checkbox"/> far above expectations
Effort/motivation	<input type="checkbox"/> limited	<input type="checkbox"/> sporadic	<input type="checkbox"/> usually good	<input type="checkbox"/> maximum
Study habits	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Ability to work in groups	<input type="checkbox"/> has great difficulty	<input type="checkbox"/> sometimes has difficulty	<input type="checkbox"/> usually effective	<input type="checkbox"/> always works well
Ability to work alone	<input type="checkbox"/> needs much help	<input type="checkbox"/> needs help frequently	<input type="checkbox"/> needs help occasionally	<input type="checkbox"/> always works well
Curiosity	<input type="checkbox"/> little	<input type="checkbox"/> occasional	<input type="checkbox"/> consistent	<input type="checkbox"/> marked
Ability to express ideas orally	<input type="checkbox"/> limited	<input type="checkbox"/> has some difficulty	<input type="checkbox"/> good	<input type="checkbox"/> exceptional
Ability to express ideas in writing	<input type="checkbox"/> limited	<input type="checkbox"/> has some difficulty	<input type="checkbox"/> good	<input type="checkbox"/> exceptional
Imagination	<input type="checkbox"/> little	<input type="checkbox"/> fair	<input type="checkbox"/> active	<input type="checkbox"/> highly developed
Use of time	<input type="checkbox"/> uses poorly	<input type="checkbox"/> occasionally wastes	<input type="checkbox"/> usually uses well	<input type="checkbox"/> always uses effectively
Follows directions	<input type="checkbox"/> rarely	<input type="checkbox"/> needs much explanation	<input type="checkbox"/> occasionally needs help	<input type="checkbox"/> quickly and effectively
Seeks help when needed	<input type="checkbox"/> rarely	<input type="checkbox"/> occasionally	<input type="checkbox"/> usually	<input type="checkbox"/> always
Attention span	<input type="checkbox"/> easily distracted	<input type="checkbox"/> occasionally distracted	<input type="checkbox"/> usually good	<input type="checkbox"/> exceptionally good

Maturity in terms of age/grade	<input type="checkbox"/> very immature	<input type="checkbox"/> somewhat immature	<input type="checkbox"/> mature	<input type="checkbox"/> impressive
Respect for others	<input type="checkbox"/> disrespectful	<input type="checkbox"/> usually respectful	<input type="checkbox"/> respectful	<input type="checkbox"/> highly respectful
Social interactions with peers	<input type="checkbox"/> relates poorly	<input type="checkbox"/> has occasional problems	<input type="checkbox"/> healthy relationships	<input type="checkbox"/> extremely popular
Reaction to criticism	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Leadership potential	<input type="checkbox"/> a follower	<input type="checkbox"/> leads when given responsibility	<input type="checkbox"/> seeks opportunities and uses them well	<input type="checkbox"/> a natural leader
Initiative	<input type="checkbox"/> never initiates	<input type="checkbox"/> rarely shows initiative	<input type="checkbox"/> occasionally initiates	<input type="checkbox"/> often initiates
Classroom conduct	<input type="checkbox"/> frequent disruptions	<input type="checkbox"/> occasional misconduct	<input type="checkbox"/> usually good behavior	<input type="checkbox"/> good conduct
Sense of humor	<input type="checkbox"/> rarely laughs or smiles	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> delightful
Self confidence	<input type="checkbox"/> needs much reassurance	<input type="checkbox"/> needs some support	<input type="checkbox"/> appears overly confident	<input type="checkbox"/> positive self-image

Please describe the family's relationship with the faculty and administration.

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*SPECIFIC RECOMMENDATION:*

- ☐ Highly recommended
 ☐ Recommended
 ☐ Recommended with reservations (*please explain below*)
 ☐ Prefer not to make a recommendation (*please explain below*)
 ☐ Not recommended

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- ☐ Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Your name (please print) _____	Position _____
Subject(s) you taught applicant _____	I have known the applicant for _____
School _____	Phone _____
Your signature _____	Date _____