

School Record Request

Dear Parents,

Please complete the top section and give this form to your child's Program Director or School Office with an envelope addressed to Brookwood School, Admissions Office, One Brookwood Road, Manchester, MA 01944. Please ask your child's teacher to return this to Brookwood no later than February 1.

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Student's Name: _____

Director of School Office Name: _____

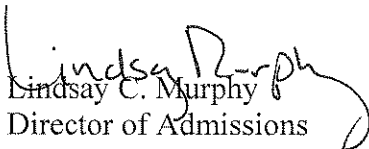
Please send a copy of my child's records, reports (including last 2 years and current year), and any standardized or other test results to Brookwood School in the enclosed envelope by February 1.

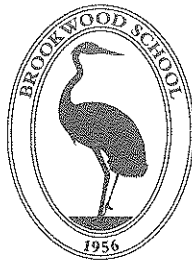
Parent Signature: _____

Dear School,

Thank you for completing this records request. For the above named student, please send a copy of his/her records, reports (including last 2 years and current year), and any standardized or other test results to Brookwood School in the enclosed envelope by February 1. If you have any questions or concerns, please feel free to call me at (978) 526-4500. Thank you for your time.

Sincerely,


Lindsay C. Murphy
Director of Admissions



Student Evaluation Request

Dear Parents,

Please complete the following section and give this form to your child's current teacher with an envelope addressed to Brookwood School, Admissions Office, One Brookwood Road, Manchester, MA 01944. Please ask your child's teacher to return this to Brookwood no later than February 1.

Student's Name: _____

Current Teacher's Name(s): _____

Teacher input is a valuable part of the admissions process at Brookwood School. Please fill out the attached confidential Student Evaluation form(s) and return it to Brookwood School in the envelope provided by February 1. By signing this form, you are also giving permission for follow-up conversations or classroom observations that may be necessary for the completion of your child's application.

Parent Signature: _____

Dear Teacher,

Thank you for completing this evaluation for the candidate named above and returning it to Brookwood School by February 1. We recommend making a copy of it in case for some reason it doesn't get to us. Teacher input is a valuable part of our admissions process, and we very much appreciate your input on behalf of this candidate.

All materials submitted to Brookwood are considered confidential communications and are only reviewed by the Admissions Committee. If you have any questions or concerns, please feel free to call me at 978-526-4500. Thank you for your time and candor.

Sincerely,


Lindsay C. Murphy
Director of Admissions

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STUDENT EVALUATION

For children entering grades two through five

Section I:

Name of student _____ Applicant for grade _____

I have known this candidate for ____ years ____ months. Number of children in class ____ Grade level(s) in class _____

Is child generally on time for school? Yes ____ No ____ Attendance pattern _____

My relationship with this candidate has been that of _____

What are the first words that come to mind to describe this candidate? _____

To the teacher or school director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that children are constantly changing and developing. Please note that we place particular value on your observations of 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 child.

Section II: SOCIAL/EMOTIONAL DEVELOPMENT *(Please circle best descriptor)*

Comments

	consistently	usually	occasionally	seldom	
Demonstrates sense of integrity and responsibility					
Consideration for others	very considerate	usually considerate	inconsiderate	unkind	
Social relationship with peers	very mature	average	somewhat immature	relates poorly	
Leadership ability	excellent	good	average	poor	
Emotional maturity	very mature	average	somewhat immature	very immature	
Self-confidence	healthy self-image	needs some support	seems overly confident	poor self-image	
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 DEVELOPMENT *(Please √ best descriptor)*

Classroom Characteristics: Consistently Usually Occasionally Seldom NA Comments

	Consistently	Usually	Occasionally	Seldom	NA	Comments
Listens attentively						
Follows directions						
Contributes effectively to class discussions						
Works well independently						
Organizes self/materials						
Works well in small groups						
Demonstrates creativity						
Seeks help when needed						
Responds positively to suggestions/requests						
Completes homework on time						
Moves easily from one activity or space to another						

Language Arts:

Above
Below

Outstanding
Average
Average
Average
NA
Comments

Reading decoding/speed						
Reading comprehension						
Literal comprehension (recall of facts/details)						
Vocabulary						
Grammar						
Spelling						
Writing: Organization						
Topic development						
Expository						
Creative						
Handwriting skills						

Mathematics:

Demonstrates problem solving skills						
Recognizes patterns in Numbers						
Understands place value through decimals						
Understands operations with fractions & decimals						
Computation skills						
Spatial problem-solving skills						

Other Subjects:

Art						
Athletics						
Foreign Language						
Keyboarding skills						
Music						
Science						
Social Studies						

General:

Academic potential						
Level of motivation						
Problem-solving skills						
Ability to understand abstract concepts						
Willingness to take risks						

Section IV: PARENT AND FAMILY

INFORMATION

Has/have the parent/s of this child been:

	Consistently	Usually	Occasionally	Seldom	Comments
Supportive of the child'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 child compatible with the school's understanding of the child?					

Section V: Closing

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

We encourage any other information which you think would be helpful. Please feel free to write in the space below and on the back of this form if necessary.

Your name _____ Date _____ School Telephone _____

E-mail _____

School _____ Address _____

If you would like to discuss this applicant/family further, please list your telephone number and the best time for us to call.

Daytime _____ Evening _____ Best time to call _____

Thank you for your candor and your thoughtful insight

Additional Comments