

We appreciate your cooperation in completing this form. The information provides one way of getting to know the child and is reviewed with the understanding that the child is constantly changing and developing. We particularly value your observations of classroom behavior and your descriptive comments. This evaluation will be kept in strict confidence and used solely to help inform a thoughtful admission decision. Please be assured that all information will remain confidential and will not be kept as part of the student's permanent record. Thank you for your assistance. **This form must be completed by the current / previous school.**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB day **/** month **/** year

Applying for grade \_\_\_\_\_\_\_ for the year \_\_\_\_\_\_\_\_ / Years enrolled at current school \_\_\_\_\_\_\_\_\_\_\_

Current School\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social/Emotional** | **Area of** | **Needs** | **Age** | **Exceeds Age** | **Comments** |
| **Development** | **Concern** | **Development** | **Appropriate** | **Expectations** | **Comments** |
| Emotional maturity | 1 | 2 | 3 | 4 |  |
| Relationship with peers | 1 | 2 | 3 | 4 |  |
| Relationship with adults | 1 | 2 | 3 | 4 |  |
| Consideration of others | 1 | 2 | 3 | 4 |  |
| Adaptability | 1 | 2 | 3 | 4 |  |
| Sense of humor | 1 | 2 | 3 | 4 |  |
| Curiosity | 1 | 2 | 3 | 4 |  |
| Imagination and creativity | 1 | 2 | 3 | 4 |  |
| Self-confidence | 1 | 2 | 3 | 4 |  |
| Self-control | 1 | 2 | 3 | 4 |  |
| Leadership | 1 | 2 | 3 | 4 |  |

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| **Academic Development** | **Area of** | **Needs** | **Age** | **Exceeds Age** | **Comments** |
| **Academic Development** | **Concern** | **Development** | **Appropriate** | **Expectations** | **Comments** |
| Reading and decoding skills | 1 | 2 | 3 | 4 |  |
| Reading comprehension | 1 | 2 | 3 | 4 |  |
| Math computation | 1 | 2 | 3 | 4 |  |
| Math problem solving | 1 | 2 | 3 | 4 |  |
| Language comprehension | 1 | 2 | 3 | 4 |  |
| Follows directions | 1 | 2 | 3 | 4 |  |

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| **Academic Development** | **Area of** | **Needs** | **Age** | **Exceeds Age** | **Comments** |
| **continued** | **Concern** | **Development** | **Appropriate** | **Expectations** | **Comments** |
| Oral expression | 1 | 2 | 3 | 4 |  |
| Written expression | 1 | 2 | 3 | 4 |  |
| Vocabulary | 1 | 2 | 3 | 4 |  |
| Attention span | 1 | 2 | 3 | 4 |  |
| Motivation | 1 | 2 | 3 | 4 |  |
| Ability to work independently | 1 | 2 | 3 | 4 |  |
| Ability to work in a group | 1 | 2 | 3 | 4 |  |
| Parent involvement in learners academics | 1 | 2 | 3 | 4 |  |

**Current school admin information:**

School Stamp

Signature:

Date:

Shiloh Centre of Learning. PO Box 4393, Tyger Valley, 7536 Tel 021 951 1956

Address: 91 Robert Sobukwe Road, Bellville South.

Website: shilohcentre.co.za / Email: admin@shilohcentre.co.za

Comments or other information you believe might be helpful:

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Please check here if you wish to further discuss this candidate by telephone: \_\_\_\_

Office Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School fees up-to-date: Yes \_\_\_\_ / No \_\_\_\_, Arrears amount of R \_\_\_\_\_\_\_\_\_\_\_\_\_