



200 Jackson Road
Newton, Massachusetts 02458-1428
617-969-1537

If you would like to learn more about Jackson School,
please visit the school's website at
www.jacksonschool.org.

Evaluation Form for Students Entering Grade 1

Please return this form to the Admissions Office at Jackson School.

Name of Applicant: _____
Last/First

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

This student will be applying for admission to Jackson School in September. Would you please use this form to share with Jackson School any observations that might help the school know him/her better.

Please know that your comments will play an important role in helping the school understand him/her. Your observations of classroom behavior and descriptive comments will be helpful in the admission decision and will be kept in strict confidence.

Teacher's Name: _____ Date: _____

Relationship to Applicant: _____

Length of Time You Have Known Applicant: _____

School Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Days Per Week Enrolled in School: _____ Hours Per Day: _____

Group Size: _____

Please continue on the reverse side.

Social/Cognitive Development

Please check the appropriate categories below and complete the questions that follow.

	Area of Strength	Age Appropriate	Needs Development
Cooperates in play			
Is supportive of peers			
Respects adults			
Participates in large group activities			
Listens in a group			
Follows directions			
Expresses ideas well			
Follows classroom rules			
Is able to transition easily			
Accepts limits			
Sustains attention to challenging tasks			
Is able to work independently			
Exhibits problem-solving abilities			

Describe beginning reading/writing skills:

Describe beginning math skills:

Additional comments:
