



STUDENT ASSESSMENT FORM
 Grades K-3
 (To be completed by current school/teacher)

Please mail to:
 Calvary Lutheran School
 ATTN: Principal
 12411 Wornall Rd.
 Kansas City, MO 64145

or fax to:
 816-595-4024

This recommendation is one of the factors used in selecting students for Calvary Lutheran School. We appreciate your cooperation and input. Please complete the requested information. We ask that the teacher who best knows and most frequently interacts with the student complete this form. This information will be used by our Admission Committee when they decide on accepting students for Calvary. Questions? Please call Calvary at 816-595-4020.

Student's Name: _____ Current Grade: _____

Current School _____ Address: _____

Dates and Grades Attended: _____

Teacher's Name: _____ Phone Number: _____

SOCIAL/EMOTIONAL/PHYSICAL DEVELOPMENT

Superior	Above Average	Average	Below Average

- Desires and pursues relationships with peers
- Cooperates with peers and adults
- Has the capacity to lead
- Has the capacity to follow
- Manages time well
- Has positive self-esteem
- Exhibits self control (handles conflict, transition)
- Respects:
 - Classroom routines
 - Personal belongings
 - Classroom materials
 - Thoughts & feelings of others
- Is a positive risk taker
- Listens and follows directions
- Has developmentally appropriate small-motor skills
- Has developmentally appropriate large-motor skills

Comments: _____

