



Confidential Evaluation Form
Brent International School Manila
Applying to Nursery and Pre-Kindergarten
Teacher

Applicant's Name _____

Current or Most Recent Grade Level
(Ex: Nursery, Pre-School, Casa, Day Care, etc)

Thank you, Teacher! We value your comments as we consider this student for admission to Brent School. Your responses will be shared with our Admissions Committee.

Printed name of the teacher completing this form _____

Signature of the teacher completing this form _____

Teacher's Work Email Address: _____

Today's Date: _____ How long have you known this student? _____

School's Name: _____ Country: _____

If you have sensitive information to share with Brent's Director for Admissions in a Zoom Meeting or phone call, please include your contact number/s here: _____ (Only include if a call is needed.)

3 = Advanced

2 = Age Appropriate

1 = Delayed

NA=Not Applicable

Social / Emotional

3 2 1 NA

Separates from parent			
Shares			
Engages with peers			
Cooperates			
Accepts limits / boundaries			
Resolves problems			
Respects others			
Follows classroom routines			
Accepts guidance			
Has manners			
Is aware of others' feelings			
Shows impulse control			

Pre-Academic Skills

3 2 1 NA

Stays on topic			
Is curious / investigative			
Shows imagination			
Attends well to self-chosen tasks			
Attends well in a group			
Follows directions			
Can follow simple patterns			
Recognizes colors and shapes			
Can work independently			
Completes tasks			
Understands stories read aloud			
Understands one to five counting			
Remembers events and information			
Speaks clearly			

Physical Development

3 2 1 NA

Gross motor coordination			
Fine motor coordination			
General Health			

Continued on next page

Signature of teacher completing this form

Applicant's Printed name

How many days per week does this child attend your program? _____

What is the length of the school day? _____

How would you describe this student's general **temperament**?

Comment on the **strengths** of this student:

Comment on any areas of **concern**:

Are there any **health issues** you are aware of (medication, physical limitations, etc.)?

If **special accommodations or modifications** for learning or behavior are provided, please share:

I recommend this student: strongly fairly strongly Not recommended

A parent is involved: usually rarely Not involved

A parent cooperates: usually rarely Not cooperative

Please scan the completed form.

Using an email address from your school, send the scanned form to **admissionssecretary@brent.edu.ph**
Thank you for your assistance! ☺