



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! ☺