

**Camellia Waldorf School**  
**7450 Pocket Rd, Sacramento, CA 95831**  
**(916) 427-5022**  
**Confidential Student Evaluation Form for Preschool,**  
**Kindergarten and First Grade.**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Last First month/date/year

**To the parent/guardian:** Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to the school listed above.

*For the child named above, I give permission for you to release the information on this form to the school listed above. I understand that I will not have access to this confidential information.*

Name of child's parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of child's parent/guardian \_\_\_\_\_

**To the teacher:** We sincerely appreciate your cooperation in helping to evaluate this child and assure you that this information will be held in confidence. Please be sure the parent has signed above.

1. How does the child enter the room (demeanor; interest in play)?

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2. What are the child's favorite things to do during the day?

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3. Does the child enjoy circle time?

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4. Please share anything else we should know about the child.

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Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Your name (please print) \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_