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The student named below is applying to **Bertschi School**. Your responses are important in helping us and will be greatly appreciated by the admission committee. The information on this form is confidential, and will not be shared with parents. Please make your comments as detailed as possible. Thank you for your time and effort. **Please return this form to Bertschi School in the envelope provided within seven days.**

Applicant's Name

Teacher's Name

Phone

E-Mail

School or Program

Child's present grade

How long has this child been in your program?

Academic Basic Skills

below grade level *at grade level* *above grade level*

	<i>below grade level</i>	<i>at grade level</i>	<i>above grade level</i>	Comments:
Reading/Language Arts				
Writing				
Mathematics				
Problem-solving				

Work Traits

rarely *occasionally* *usually* *almost always*

	<i>rarely</i>	<i>occasionally</i>	<i>usually</i>	<i>almost always</i>	Comments:
Listens carefully during group times					
Contributes to class discussions					
Works with independence and self-direction					
Follows directions					
Uses class time efficiently					
Completes class work on time					
Completes homework on time					
Sustains attention and focus during work time					
Keeps belongings and materials organized					
Completes work with quality consistent with ability					
Uses self-help skills (asks for help, gets own supplies)					

Attitude and Behavior	<i>rarely</i>	<i>occasionally</i>	<i>usually</i>	<i>almost always</i>	Comments:
Sustains a positive attitude toward school and learning					
Actively seeks challenge					
Maintains standards for careful, neat work					
Accepts and incorporates suggestions for improving work					
Persists with difficult tasks					
Shows empathy and respect towards others					
Cooperates in work and play					
Resolves differences by negotiating and compromising					
Helps out willingly					
Accepts responsibility for behavior					
Observes class and school expectations					
Makes transitions smoothly					

How does this child function in a classroom environment (e.g. interaction with others, attending skills, self-motivation, confidence)?

Does this child demonstrate **particular strength** in any of the following areas? Please elaborate.

Academic Artistic Music Social/Emotional Athletic/Dance Creativity Other:

Does this child need **special support** in any of the following areas?

Academic Social/Emotional None Other:

Are the child's parents supportive of your school and its programs? **Y N**

Comments:

Has this child had any discipline/behavior issues? **Y N**

Comments:

If we need additional information, may we contact you? **Y N** Best hours and contact method:

Signed

Date