

# REQUEST FOR STUDENT INFORMATION AND RECORDS

4920 SW Vermont Street, Portland, OR 97219

503-246-5495

www.westhills-montessori.com



**WEST HILLS**  
montessori school

## PART I: TO BE COMPLETED BY THE PARENT / GUARDIAN (down to signature line only)

My child, \_\_\_\_\_, has applied for admission to the West Hills Montessori School. I hereby authorize the release of all pertinent school records. This form also gives West Hills Montessori permission to contact my child's teacher via phone or email with any additional school questions. **Please send this form and all other criteria to West Hills Montessori School at 4920 SW Vermont Street, Portland, OR 97219.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PART II: TO BE COMPLETED BY CURRENT TEACHER

Please answer each question in as much detail as possible and return to West Hills Montessori School. We appreciate your taking the time to provide input as to how this student may be served by a Montessori program. This form is confidential.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Years with Current Teacher: \_\_\_\_\_

Current Teacher's Name: \_\_\_\_\_

### Social/Emotional Development

	Consistently	Sometimes	Rarely/Never
Adapts well to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits impulse control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovers from disappointment appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens with attention (one-on-one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens with attention (in a group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates respect for self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is helpful, supportive, and empathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks adult help appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts positively with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for own behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly articulates thoughts & feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## Physical Development

Gross motor coordination:

Able to safely walk, run, balance, and skip

Hand/Eye coordination (throwing, catching, etc.)

Speech development (articulation of sounds)

Handwriting (print)

Handwriting (cursive)

Ties shoelaces independently

Sews with needle and thread

Exceptional

Average

Needs Support

Comments:

## Academic/Intellectual Development

### Language

Reads all letter of the alphabet

Reads 2-letter sounds

(examples: sh, ch, th, ai, ou, ee, ue)

Reads longer phonograms (examples: eigh, ough)

Reads simple phonetic words (example: cat)

Reads words with phonetic sounds and blends

(examples: shirt, cheese, bark)

Reads non-phonetic words (examples: friend, said)

Reads all varieties of letter sounds

(example [a]: mat/table/father)

Reads short phrases & simple sentences

Reads fluently and with comprehension

Expresses thoughts in writing

Writes words and short phrases

Writes sentences and short stories/reports

Accurately/Legibly writes first name

Comfortable reading aloud (to an individual or group)

Consistently

Sometimes

Rarely/Never

Comments:

**Mathematics/Geometry****Consistently****Sometimes****Rarely/Never**

Writes numerals accurately and legibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associates quantities and symbols up to 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands place values: 1's, 10's, 100's, 1000's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands mixed numbers (example: 365)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands place values larger than 1000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands skip counting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows basic addition facts (1-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows basic subtraction facts (1-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows basic multiplication facts (1-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately solves dynamic addition equations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately solves dynamic subtraction equations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately solves multiplication equations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately solves division equations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately solves story/word problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies and names basic geometric shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies the time on analog clock (o'clock; ½ past)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**Work Habits****Consistently****Sometimes****Rarely/Never**

Demonstrates focus & concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses school materials and tools purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions easily between activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets new challenges with enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works and plays collaboratively/cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chooses work throughout the day without adult direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## General Information

This student's strengths:

Special circumstances or areas that may require additional support:

Please comment on the family's partnership with the school:

Thank you for taking the time to complete this form. At West Hills Montessori School we recognize that all children change as they grow and develop, and that this assessment is a limited accounting of the child's school experience thus far. For more information regarding this child, we would appreciate the opportunity to contact you for additional input, so please provide your contact information:

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Your Signature: \_\_\_\_\_