



# GRACE LUTHERAN

EARLY CHILDHOOD • ELEMENTARY  
MIDDLE SCHOOL • HIGH SCHOOL

## Statewide Home Language Survey

Our school along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

<b><u>Student Name:</u></b>		<b><u>Date:</u></b>	
<b><u>Birthdate:</u></b>		<b><u>Gender:</u></b>	M    F
<b><u>School:</u></b>		<b><u>Grade:</u></b>	

1. What language(s) are spoken in the home?  
\_\_\_\_\_
2. What language(s) did your child first learn?  
\_\_\_\_\_
3. What language(s) does your child speak most often?  
\_\_\_\_\_
4. Which language does your child speak with you? \_\_\_\_\_
5. Which language do you use when speaking with your child? \_\_\_\_\_
6. Which language do you want phone calls and letters? \_\_\_\_\_
7. What is your relationship to the child? Mother    Father    Guardian  
Other (specify) \_\_\_\_\_
8. Is there any additional information you would like the school to know about your child? \_\_\_\_\_



# Teacher's Evaluation Form

## 1st-8th Grade - Confidential

**Parent Directions:** This form is to be completed by the home room teacher or head administrator of the school this student is transferring from. It must be received by Grace Lutheran School in order for the student to be considered for enrollment. This form is not required of students without a previous school experience.

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applying at Grace Lutheran School for Grade \_\_\_\_\_ School Year \_\_\_\_\_

An assessment of the above student as compared with peers at current school:

	Superior	Good	Average	Below Average	Poor
<b>Social/Emotional Development</b>					
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's initial adjustment to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's current adjustment to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>School Performance</b>					
Language ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is English his/her primary language					
<input type="checkbox"/> yes <input type="checkbox"/> no					
Mathematical concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetic development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dramatic play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Development</b>					
Small motor coordination:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Cutting, drawing, block building, handling manipulative equipment)					
Large motor coordination:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Running, skipping, climbing, jumping, kicking/throwing a ball)					
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prediction of child's success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please comment on the back of this sheet.**

Please make a short comment on the following:

1. Special needs (physical handicap or diagnosed disability): \_\_\_\_\_  
\_\_\_\_\_
2. Has outside professional assessment/support been recommended?  yes  no    Been given?  yes  no  
Please elaborate: \_\_\_\_\_  
\_\_\_\_\_
3. Attendance: \_\_\_\_\_  
\_\_\_\_\_
4. Parental expectation and/or attitude toward child: \_\_\_\_\_  
\_\_\_\_\_
5. Child's strengths: \_\_\_\_\_  
\_\_\_\_\_
6. Child's needs: \_\_\_\_\_  
\_\_\_\_\_
7. Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_

8. Please indicate the most recent achievement test scores for the student:

Test name \_\_\_\_\_ Score type (percentile, stanine, raw score, rit score) \_\_\_\_\_  
Reading \_\_\_\_\_ Math \_\_\_\_\_ Language \_\_\_\_\_

9. (for 7<sup>th</sup> and 8<sup>th</sup> grade students only) Please indicate below your math placement recommendation for this student.

\_\_\_\_\_ Pre-Algebra    \_\_\_\_\_ Algebra    \_\_\_\_\_ General Math

This student has been enrolled in the school for \_\_\_\_\_ years.

I have known him/her for \_\_\_\_\_ years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Thank you!**

Please return by mail to: **Robert Raschke, Executive Director**  
**Grace Lutheran School**  
**1350 Baldy Ave.**  
**Pocatello, Idaho 83201**  
**(208) 237-4142**

or fax to: **(208) 237-0931**  
**Attn: Robert Raschke**  
**(Not to be hand delivered)**

Grace Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

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\_\_\_\_\_
2. Has outside professional assessment/support been recommended?  yes  no    Been given?  yes  no  
Please elaborate: \_\_\_\_\_  
\_\_\_\_\_
3. Attendance: \_\_\_\_\_  
\_\_\_\_\_
4. Parental expectation and/or attitude toward child: \_\_\_\_\_  
\_\_\_\_\_
5. Child's strengths: \_\_\_\_\_  
\_\_\_\_\_
6. Child's needs: \_\_\_\_\_  
\_\_\_\_\_
7. Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_

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This student has been enrolled in the school for \_\_\_\_\_ years.

I have known him/her for \_\_\_\_\_ years.

_____ Signature	_____ Position	_____ Date
_____ Name of School	_____ Street Address	_____ Telephone
_____ City	_____ State	_____ Zip Code

**Thank you!**

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*Required of All New Applicants*

# Applicant Profile

Please tell us about your child. This information will be used in conjunction with other data as part of the admission decision process. Your candid responses will help us learn more about your child. Please respond to each item, indicating "N/A" if an item is not applicable.

Student Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ School Year: 20\_\_\_\_/20\_\_\_\_

What do you consider your child's academic and personal strengths to be? What improvement is needed?

Academic Strengths

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Areas for Academic Growth

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Personal Strengths

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Areas for Personal Growth

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What are your child's **school-related** interests and activities (music, art, athletics, clubs, organizations, and/or other special interests)?

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Briefly describe your child's present school experience, including your child's attitude toward school.

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