



Vail Mountain School

3000 Booth Falls Road • Vail, CO 81657
Voice: 970-476-3850 • Fax: 970-476-3860
admissions@vms.edu • www.vms.edu

LOWER SCHOOL OBSERVATION FORM

Applicant's Name _____ **Today's Date** _____

To the Parent:

Please submit this form to your child's guidance counselor or principal with a stamped envelope addressed to:

*Vail Mountain School
Admission Office
3000 Booth Falls Road
Vail, CO 81657*

To ensure confidentiality, the teacher is asked to mail this form directly to our Admission Office.

To the Evaluator:

Please place an "X" to indicate the developmental level of the applicant for the stated characteristic. We understand that "objective" measures such as these are sometimes limiting, and, therefore, we have provided opportunity for you to elaborate on any aspect of the candidate that you feel would be important for us to consider. This form is only viewed by the admission committee and will not be shared with the applicant's family. Your candid observations will help in the admission process. Please mail this form directly to the VMS Admission Office.

Social/Emotional Development

	<i>Advanced</i>	<i>Age-Appropriate</i>	<i>Still Developing</i>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Development

	<i>Advanced</i>	<i>Age-Appropriate</i>	<i>Still Developing</i>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legibility of penmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development

	<i>Advanced</i>	<i>Age-Appropriate</i>	<i>Still Developing</i>
Fine motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

1. *What three words come immediately to mind when thinking of this student?*

2. *What are the student's greatest strengths and challenges?*

3. *How would you describe this student's conduct in school? Relationship with peers? Relationship with adults?*

4. *VMS values parent involvement. How would you characterize the interest of this child's parents in his/her school?*

5. *Please include other pertinent information, if any, not mentioned previously.*

I have known this child for _____ year(s). He/She has been enrolled in this school for _____ year(s).

Your Name Position Date

Name of School Telephone

Street City State Zip