

**PARENTAL PERMISSION FOR RELEASE OF INFORMATION**

**Chicken Coop School  
At The Farm School  
80 Athol Rd.  
Orange, MA 01364  
(978) 248-9426**

**TO THE PARENT/GUARDIAN:**

*Please submit this signed form to your child's school.*

Student's Name

Address

Name of school

Address

Phone

Teacher

“I hereby grant permission to the above named individual or institution to forward written evaluations and records for my child to The Chicken Coop School. In addition, I grant permission for the individual named above to provide verbal information about my child's development to a representative of The Chicken Coop School. A Chicken Coop School representative may also visit the school.”

Parent Signature

Date

**TO THE RECIEVING SCHOOL:**

Upon receipt of this signed release, please forward any written evaluations, health records, testing, and/or transcripts in your records to The Chicken Coop School, attention Wendy Davenport, at the address above. Please give the child's teacher a copy of this form, and let them know that they may be contacted for further information by a representative of The Chicken Coop School. If no written evaluations are available, please call the teacher of The Chicken Coop School to furnish developmental information about the child named on this form.

***The Chicken Coop School***  
***www.farmschool.org***

*To parent(s): Please give this form to your child's current teacher*

**PARENTAL PERMISSION FOR RELEASE OF INFORMATION**

**Chicken Coop School**  
**At The Farm School**  
**80 Athol Rd.**  
**Orange, MA 01364**  
**(978) 248-9426**

**TO THE PARENT/GUARDIAN:**

*Please submit this signed form to your child's school.*

Student's Name

Address

Name of school

Address

Phone

Teacher

"I hereby grant permission to the above named individual or institution to forward written evaluations and records for my child to The Chicken Coop School. In addition, I grant permission for the individual named above to provide verbal information about my child's development to a representative of The Chicken Coop School. A Chicken Coop School representative may also visit the school."

Parent Signature

Date

*To the applicant's teacher: Please answer the questions on the following sheets.*

*Many thanks for your help.*

Teacher name: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

*We may wish to contact you for further information. Please list the following contact information:*

Email: \_\_\_\_\_

Day phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Teacher signature \_\_\_\_\_

*Please return to:*

Wendy Davenport: The Chicken Coop School, 80 Athol Road, Orange MA 01364  
wendy@farmschool.org

### **Student Evaluation**

Name of student: \_\_\_\_\_ Entering grade: \_\_\_\_\_

I have known this student for \_\_\_\_\_ years \_\_\_\_\_ months. Number of children in class \_\_\_\_\_

What are first three words that come to mind to describe this student?

\_\_\_\_\_

*For each of the following categories, please check one or more appropriate boxes. Please add comments below in each category:*

<b>Sense of responsibility</b>	responsible	usually responsible	sometimes responsible	rarely responsible
● Comments:				
<b>Consideration for others</b>	usually thoughtful	usually considerate	inconsiderate	unkind
● Comments:				
<b>Relationships with peers</b>	healthy relationships	occasionally needs support	needs support	relates poorly
● Comments:				
<b>Leadership ability</b>	excellent	good	average	poor
● Comments:				
<b>Emotional maturity</b>	very mature	average	somewhat immature	Very immature
● Comments:				
<b>Self confidence</b>	healthy self-image	needs some support	seems overly confident	poor self-image
● Comments:				
<b>Sense of humor</b>	highly developed	good	fair	poorly developed
● Comments:				
<b>Self control</b>	good	usually good	occasional misconduct	frequent disruption
● Comments:				
<b>Relationship with adults</b>	comfortable	uneasy	dependent	avoids contact
● Comments				

*Please describe areas of strength for this student:*

*Please describe areas where this child needs support:*

*Please comment on:*

Study Habits: \_\_\_\_\_

Motivation: \_\_\_\_\_

Organization of time and work: \_\_\_\_\_

Curiosity: \_\_\_\_\_

Ability to work in a group: \_\_\_\_\_

Ability to express ideas orally: \_\_\_\_\_

Creativity: \_\_\_\_\_

*Please comment on the level of progress and achievement in the following areas:*

Reading: \_\_\_\_\_

Writing: \_\_\_\_\_

Math: \_\_\_\_\_

Science: \_\_\_\_\_

Social Studies: \_\_\_\_\_

Creative Arts: \_\_\_\_\_

*Is this student receiving any academic or social services in addition to his or her regular class work?*

*Please characterize parent expectations, cooperation and support for child's school experience:*

