



Immaculate Conception Cathedral School, Inc.

PAASCU Accredited Level II

39 Lantana St., Cubao, Quezon City

Student Development Center

727-27-42 to 44 loc. 318



BEHAVIORAL CHECKLIST GRADE SCHOOL (ECE - GRADE 1)

To be completed by the Advisor/ Guidance Counselor/ or School Principal.

Name of student: _____ Grade level: _____
School: _____
School Address: _____

TO THE EVALUATOR: The above-named student is applying for admission to Immaculate Conception Cathedral School. Please fill out the form completely for proper appraisal of the student and return this appraisal to the student in a sealed envelope with a signature across the flap. **Unsealed and unsigned envelopes will not be accepted.**
Thank you.

A. Please mark the box of your answer for the given question.

	YES	SOMETIMES	NO
1. The child pays attention, listens well and follows what the teacher says.			
2. The child is organized and does not lose things.			
3. The child remains seated and does not run about or climb on things during class.			
4. The child does not talk excessively or blurt out answers to the teacher's questions.			
5. The child does not argue with others or get upset when things don't go their way.			
6. The child is able to focus and finish the tasks given to him/her.			
7. The child is able to hold his/her writing materials properly.			
8. The child behaves well in class and gets along with his/her classmates.			
9. The child does not space out or stares blankly during class hours.			
10. The child is able to wait patiently for his/her turn.			

	Not Recommended	Recommended with Reservation	Recommended	Strongly Recommended
For Academic Performance				
For Character Attitude				

B. GENERAL DESCRIPTION

1. The school aims to provide sufficient learning support for students with **SPECIAL EDUCATION NEEDS, PHYSICAL LIMITATIONS, OR ANY SPECIAL PSYCHOLOGICAL CONDITION.** Based on your experience, is the student observed to have any of the following? Check all that applies:

____ Learning Difficulty ____ Behavioral Concerns ____ Emotional Concerns
____ Physical Disability ____ Psychological Concerns ____ Peer Conflicts

Please specify the nature of concern:

Signature: _____ Date: _____

Name: _____

Designation: _____