

Teacher Evaluation Form for **Kindergarten** Applicants

	Applicant's Name:							
Recognizing that completing this	Current School/Daycare:							
	Person(s) Completing this Form:							
form is not part of your official duties, our schools greatly appreciate your helping the applicant by supplying the information requested. Please note that the information you submit will be confidential, will not be shared with the student and family, and will not become part of the student's permanent school records. In order to establish and honor confidentiality, please send this form directly to the schools requested. How long have you known this child and	How many children are in your program?							
What are the first few words that come to	o mind to describe this child?							
Please comment on this child's strengths:	:							
Do you have any specific concerns?: \supset so	ocial) emotional) cognitive) behavioral) developmental							
What are your primary goals for this chil	ld?							
○ Seeks attention ○ Won't participate	this child typically display? o role O Participates cooperatively Observes interactions with other students? With adults?							
What, if anything, frustrates this child an	nd how does he/she respond?							
	ive of their child's strengths and challenges? Have their expectations program been in alignment with yours and your school's?							

Readiness Behaviors	consistently	usually	sometimes	rarely	never	
Demonstrates ability to focus on one task)	J	S	J	J	Additional comments on readiness:
Perseveres with a difficult task	3)	J	J)	
Responds positively to redirection	3)	J	J	J	
Shows creativity and imagination in play and work	3	J	J	J	J	
Displays age-appropriate resilience	J	J	J	J	J	
Can follow the lead of peers	3))	J	J	
Assumes a leadership role with peers	3))	J)	
Cooperates in work and play	3)))	J	
Transitions appropriately between activities	3	J	J	J	J	
Shows empathy toward peers and adults	3	J	J	J	J	
Seeks help appropriately when needed	3	J	J	J	J	
Is open to new activities and information	3)	<u> </u>	J)	
Demonstrates awareness of self in space	3	<u> </u>	J))	
Completes tasks independently	3	<u> </u>	<u> </u>))	
Can be hyperfocused on one topic of interest	3))))	
Willingly shares materials with peers	3)	J	J	J	
Follows multi-step directions to completion	3	J	S	J	J	
Demonstrates self-control on the playground	5	J	J	J	J	
Demonstrates self-control in class	3	J)	J	J	
Initiates play activities	3)	J	J	J	
Participates in movement activities and games	3)	J	J	J	
Uses self-help strategies to manage wardrobe and personal hygiene	J	J	J	J	J	
Exhibits coordinated movement when running, walking, or climbing	3	J	\supset))	
Displays appropriate risk-taking in physical play))	J))	
Understands and adapts when play becomes too rough	J	J	J	J	J	
Shows flexibility with people and activities	3	\supset)	\supset	\supset	
We would appreciate any additional information which you think would help our school make an informed decision:						
Thank you for your time and candor. May we have the number:	\)	ork) cell	⊃hor		rification?
E-mail:		vork) hom	e		
Signature:						Date:



Teacher Evaluation Form for **Elementary (Grades 1+)** Applicants

Applicant's Name:						Recognizing that completing this form is not part of your official duties, our schools greatly	
Current School:	appreciate your helping the applicant by						
Person(s) Completing this Form:	supplying the information requested. Please note that the information you submit will be confidential, will not be shared with the						
How long have you known this student	student and family, and will not become part of the student's permanent school records. In order to establish and honor confidentiality, please send this form directly						
to the schools requested. What are the first few words that come to mind to describe this student?							
Student Skills co.	nsistently	usually	sometimes	rarely	never		
Exhibits empathy toward peers	5	<u> </u>	J	J)	Comments:	
Cooperates in work and play))	J))		
Resolves differences appropriately	<u></u>	J	J	J	J		
Assumes a leadership role with peers	<u></u>	J	J	J	S		
Can follow the lead of peers)	\supset	J	\supset	\supset		
Perseveres with difficult tasks)	\supset	S	\supset	\supset		
Accepts reponsibility for behavior)	\supset	J	J	\supset		
Demonstrates self control in class)	\supset	\supset	\supset	\supset		
Makes transitions smoothly))	J)	S		
Transitions appropriately between activities)	\supset	J	\supset	J		
Displays age appropriate resilience)	\supset	\supset	\supset	\supset		
Contributes to class discussions)	S	J	J	\supset		
Works with independence and self-direction))	J	J)		
Listens to and follows directions))	J)	\supset		
Uses class time efficiently	0)	J))		
Sustains attention and focus)	J	J	J)		
Accepts criticism appropriately))	J	J	J		
Open to new challenges)	J	J	J	J		
Exhibits problem-solving ability)	J	J)	J		
Seeks help appropriately when needed))	J)	J		

In group situations, what behaviors does this child typically display?

- ○Tries to control ○Takes a leadership role ○Participates cooperatively ○Observes Seeks attention Do you have any specific concerns?
- $\bigcirc Fine\ Motor\ \bigcirc Gross\ Motor\ \bigcirc Social/Emotional\ \bigcirc Behavioral\ \bigcirc Speech\ \bigcirc Reading\ \bigcirc Writing\ \bigcirc Math$

Additional Information
Please comment upon the applicant's academic and personal strengths:
<u> </u>
Please comment upon the applicant's academic and personal weaknesses:
How are the parents/guardians of this applicant supportive of their child's strengths and challenges? Have their expectations and perceptions of their child and your program been in alignment with your's and your school's?
Please mention any additional information which you think might help our school make an informed decision.
Thank you for your time and candor. May we contact you if we need clarification? ⊃Yes ⊃ No
Best phone number: >work >cell >home
E-mail:
Signature: Date:



Teacher Evaluation Form for Applicants to **Middle and Upper Schools**

Applicant's Name:			Recognizing that completing this form is not part of your official duties.	
Current School:			our schools greatly appreciate your helping the applicant by supplying the	
Person(s) Completing th	nis Form:		information requested. Please note that the information you submit will	
Subject:	(Grade Level:	be confidential, will not be shared with the student and family, and	
School:				
Mailing Address:			permanent school records. In order	
City:	State:	_ Zip:	to establish and honor confidentiality, please send this form directly to the	
Phone:			· · · · · · · · · · · · · · · · · · ·	
e-mail:			<u> </u>	
How long have you kno	wn this student and	in what capacity?		
What are the first few w	ords that come to m	ind to describe this	student?	

Academic and Personal Qualities	onsistentl	y usually	sometime	s rarely	never	
Comes to class prepared))	J)	S	Please elaborate:
Works independently with focus)	J	J	<u> </u>	J	
Approaches assignments in creative or novel ways	3	J))	S	
Listens to and follows directions)	\supset	\supset	\supset	\supset	
Completes classwork and homework on time	3	J	J)	J	
Seeks to deepen understanding)	J	J)	J	
Effectively communicates ideas	3)	<u> </u>)	J	
Synthesizes information	3)	<u> </u>)	J	
Works from internal motivation	3	J))	J	
Is aware of his/her own strengths and contributions	3	J	S)	S	
Leads and follows appropriately)	J	J	J	S	
Works cooperatively	J	J	J	<u> </u>	J	
Approaches school and relationships with honesty and integrity	J	J	S	J	S	
Takes responsibility for her/his own actions))	J)	\mathcal{C}	
Works to resolve conflicts with peers)	J)	<u> </u>	J	
Regulates impulses and emotions)	J	J)	S	
Accepts criticism appropriately	3	J	J)	J	

Additional Information	
Please comment upon the applicant's academic and personal strengths:	
Please comment upon the applicant's academic and personal weaknesses:	
Are the parents of this applicant supportive of their child's strengths and challed	_
perceptions of their child and your program been in alignment with yours and	l your school's?
Please mention any additional information which you think might help our sc	hool make an informed decision.
If the school needs clarification, may we contact you by phone and/or email?	⊃Yes ⊃ No
Signature:	Date:

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS