

## Teacher Evaluation Form for **Kindergarten** Applicants

Applicant's Name:							Recognizing that completing this form is not part of your official duties, our schools greatly
Current School/Daycare:						appreciate your helping the applicant by	
•						supplying the information requested. <b>Please note that the information you submit will</b>	
Person(s) Completing this Form:						be confidential, will not be shared with the	
							student and family, and will not become part of the student's permanent school records.
How long have you known this child and in what capacity?							In order to establish and honor confidentiality, please send this form directly to the schools requested.
What are the first few words that come t	o min	d to	desc	ribe t	his	child?	
	2422.26					c	
	area of strength	<			rea of		
Shows empathy toward peers	0	0	0	0	0	Comm	ents:
Plays alone happily	0	0	0	0	0		
Shares well without prompting	0	0	0	0	0		
Initiates play activities	0	0	0	0	0		
Demonstrates ability to lead	0	0	0	0	0		
Demonstrates ability to follow	0	0	0	0	0		
Is imaginative	0	0	0	0	0		
Uses materials purposefully	0	0	0	0	0		
Demonstrates self-control in class	0	0	0	0	0		
Demonstrates self-control on the playground	0	0	0	0	0		
Responds positively to redirection	0	0	0	0	0		
Exhibits sense of humor	0	0	0	0	0		
Seeks help when needed	0	0	0	0	0		
Respects property of others	0	0	0	0	0		
Exhibits courtesy and respect	0	0	0	0	0		
Displays stamina and resilience	0	0	0	0	0		
Ubrroi cal Darrol anno ant	area of	<del>&lt;</del>		-> a	rea of	f	
Small muscle control and development	strength O	0	0	0	O	Comme	nts
Large muscle control and development	Ō	Ō	Ō	Ö	Ó		
Speech and articulation	0	0	0	0	O		

How would you characterize this child's interactions with other students? With adults?

What, if anything, frustrates this child and how does he/she respond?

	area of trength			<del></del>	area o	f n
Is attentive	O	0	0	0	_	Comments:
Listens in a group	0	0	0	0	0	
Contributes to group discussions	0	0	0	0	0	
Follows directions	0	0	0	0	0	
Works cooperatively	0	0	0	0	0	
Desmonstrates ability to focus on one task	0	0	0	0	0	
Completes tasks independently	0	0	0	0	0	
Respects classroom routines	0	0	0	0	0	
Makes transitions easily	0	0	0	0	0	
Responds positively to constructive criticism	0	0	0	0	0	
Is curious	0	0	0	0	0	
Is willing to try new activities	0	0	0	0	0	
Grasps new concepts	0	0	0	0	0	
Is a self-starter	0	0	0	0	0	
Enjoys new challenges	0	0	0	0	0	
Exhibits problem-solving ability	0	0	0	0	0	
Expresses ideas well verbally	0	0	0	0	0	
Exhibits self-help skills	0	0	0	0	0	
Please comment on this child's strength		ern:				
What are your primary goals for this ch	ild?					
Are the parents of this applicant suppor	tive (	of the	eir cl	nild's	strer	ngths and challenges? Have their expectations

We would appreciate any additional information which you think would help our school make an informed decision:

perceptions of their child and your program been in alignment with yours and your school's? Please comment:

Thank you for your time and candor. May we contact you if we need clarification?						
Phone number:	_ )work ) cell )home					
E-mail:	_ )work )home					
Signature:	Date:	:				