



Teacher Evaluation Form for Pre-K-1st Grades

Part I: Instructions to the Parent or Guardian (*Please complete the section directly below.*)

Once your portion of this form has been completed, please give it to your child's teacher with a stamped envelope addressed to: St. Peter Claver Regional Catholic School 2560 Tilson Rd. Decatur, GA 30032.

Student's Full Name _____ Date _____

School Presently Attending _____ Grade: _____

My child is applying for admissions to St. Peter Claver Regional Catholic School. Please complete this form and send to the school. I hereby authorize the release of the requested information on this form to St. Peter Claver. I agree to hold the school, teacher and/or administrator below harmless for information provided on this form.

Parent/ Guardian Signature _____ Date _____

Part II: Instructions to the Principal, Teacher or Counselor (*Please complete section directly below.*)

We appreciate your professional observations and ask that you be honest in your answers so that we might make the best decision possible for the student applying to St. Peter Claver. Our program is strictly academic offering a basic curriculum and a limited resource program. The information you provide will be kept strictly confidential.

1. Grade placement for current academic year? _____ Class Size _____
2. Teacher/student ratio _____
3. Length of time student has attended your school? _____
4. Is the student's attendance/tardy record satisfactory? Yes No Comments: _____

5. Please describe any concerns that may affect the student's progress (physical, emotional, social, learning, behavioral, language barriers, etc.) _____

6. Has the student been tested diagnostically by any special services personnel? Yes No If yes, identify behaviors associated with disparity: _____

7. Classroom conduct: Frequent disruptions Occasional misconduct Usually good conduct
Comments: _____

8. In your dealing with parents, what is their attitude towards their child's learning and study habits? How have the cooperated with school policies and teacher recommendations?

Please comment on the following

Student Behaviors	Poor	Average	Good	Excellent	Not Observed
Ability to follow directions					
Ability to manage school routines & follows procedures					
Ability to cope with stress					
Self-confidence					
Ability to work independently					
Concern for others					
Ability to play with peers					
Can be a part of a group activity without adult assistance					
Separate easily from parents					

Academic Readiness					
Demonstrates age-appropriate fine motor skills					
Demonstrates spatial & quantitative awareness					
Language Development					
Receptive: Understand spoken directions & lessons					
Expressive: Use age appropriate vocabulary, grammar & syntax					
FIRST GRADE ONLY					
Recognize & identifies letters					
Demonstrates phonetic skills as needed for decoding & encoding					
Acquiring sight vocabulary in reading					
Appropriate progression in writing letters & numbers					

Please attach a copy of student's most recent progress report/developmental skills checklist, if available.

Based on your knowledge and experience with this student please shade in one of the following:

- | | |
|---|---|
| <input type="radio"/> I strongly recommend this student for admission | <input type="radio"/> I endorse this student |
| <input type="radio"/> I endorse this student with reservations | <input type="radio"/> I do not endorse this student |

Thank you for your cooperation and the extra time to complete this form.

Signature of person completing this form _____ Date _____

Title/position _____ Phone Number _____