

Teacher Evaluation Form for Kindergarten Applicants

Applicant's Name: _____

Current School/Daycare: _____

Person(s) Completing this Form: _____

How long have you known this child and in what capacity? _____

What are the first few words that come to mind to describe this child? _____

Recognizing that completing this 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.

Social Development	area of strength	←	→	area of concern	Comments:
Shows empathy toward peers	☐	☐	☐	☐	
Plays alone happily	☐	☐	☐	☐	
Shares well without prompting	☐	☐	☐	☐	
Initiates play activities	☐	☐	☐	☐	
Demonstrates ability to lead	☐	☐	☐	☐	
Demonstrates ability to follow	☐	☐	☐	☐	
Is imaginative	☐	☐	☐	☐	
Uses materials purposefully	☐	☐	☐	☐	
Demonstrates self-control in class	☐	☐	☐	☐	
Demonstrates self-control on the playground	☐	☐	☐	☐	
Responds positively to redirection	☐	☐	☐	☐	
Exhibits sense of humor	☐	☐	☐	☐	
Seeks help when needed	☐	☐	☐	☐	
Respects property of others	☐	☐	☐	☐	
Exhibits courtesy and respect	☐	☐	☐	☐	
Displays stamina and resilience	☐	☐	☐	☐	

Physical Development	area of strength	←	→	area of concern	Comments
Small muscle control and development	☐	☐	☐	☐	
Large muscle control and development	☐	☐	☐	☐	
Speech and articulation	☐	☐	☐	☐	

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? _____

Skill Developmentarea of strength \longleftrightarrow area of concern

	area of strength				area of concern
Is attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listens in a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to group discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works cooperatively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desmonstrates ability to focus on one task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes tasks independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respects classroom routines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes transitions easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds positively to constructive criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is curious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is willing to try new activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grasps new concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a self-starter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoys new challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibits problem-solving ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expresses ideas well verbally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibits self-help skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Please comment on this child's strengths: _____

Please describe any significant areas of concern: _____

What are your primary goals for this child? _____

Are the parents 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 yours and your school's? Please comment:

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 contact you if we need clarification? ☐ Yes ☐ NoPhone number: _____ ☐ work ☐ cell ☐ homeE-mail: _____ ☐ work ☐ home

Signature: _____ Date: _____