Teacher Evaluation Form for Kindergarten

Child's name_____Date of birth_____Applying for 20___-20___

To the parent/guardian: *Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to:* Gateway School, 126 Eucalyptus Ave., Santa Cruz, CA 95060.

For the child named above, I give permission for you to release the information to the school to which I am applying and understand that I will not have access to this confidential information.
Name of parent/guardian (print)_____Date_____

Signature of parent/guardian _____

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To the teacher: *We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence.*

How long have you known this child?_____Date of entry into your program_____

Length of school day_____Number of days per week_____

Hand dominance: Right Left Not Established

PLEASE CHECK APPROPRIATE BOXES 4=Strength 3=Developmentally appropriate 2=More time needed 1=Area of concern

		4	3	2	1
Self help skills (clothes, bathroom)					
Fine motor coordination (lacing, puzzles)					
Draws with details					
Uses appropriate pencil grip					
Works with manipulatives					
Gross motor coordination					
Body and space awareness					
Balance, gait, fluidity of movement					
Participates in group activities					
Speech is clear and understandable					
Vocabulary					
Ability to stay on discussion topic					
Tells story events in sequence					
Asks questions to extend understanding					
Uses language to problem solve					
Sound-symbol correspondence					
Recognizes letters:	upper case				
	lower case				
Recognizes numerals					
Recognizes shapes					
Demonstrates self-esteem					
Demonstrates self-control					
Acceptance of limits					

		4	3	2	1
Self motivation					
Interaction with peers					
Interaction with teachers					
Interaction with parents/guardians					
Separation from parents/guardians					
Ability to share and work cooperatively					
Ability to wait turn					
Respect for own property					
Respect for others' property					
Accepts responsibility for actions					
Sense of humor					
Curiosity					
Attention span/self chosen activity					
Attention span/assigned activity					
Cooperative attitude					
Transitions easily					
Listens to directions					
Follows directions and completes tasks					
Ability to work independently					
Ability to focus and contribute in:	small group				
	large group				
Resolves conflict:	verbally				
	physically				

over

Please comment specifically for boxes checked 1 and 2 above:_____

_____

_____

Usually chooses: Large group Small group Alone

Usually takes role of: Leader Follower Varies

PLEASE COMMENT ON THE FOLLOWING:

1. Child's strengths and challenges_____

_____

2. Are the parents/guardians supportive of school recommendations?_____

_____

3. Parental expectations for child_____

_____

4. Are there any concerns about attendance?_____

_____

5. What kind of program would you like to see for this child?_____

_____

6. Describe the family's contributions to the school community_____

_____

_____

SPECIFIC RECOMMENDATION ABOUT CHILD'S READINESS FOR KINDERGARTEN

☐Recommended ☐Recommended with reservations (please explain below) ☐Prefer not to make recommendation (please explain below)

_____

_____

☐Check here if there is any information that would be better conveyed in a phone conversation.

Form completed by (print name)_____ Position:_____

School_____ Phone/email_____

Signature_____ Date_____