

Teacher Evaluation Form (PK-1)

for applicants to Pre-Kindergarten, Kindergarten and First Grade at Our Lady of the Assumption Catholic School.

Submit to applicant's current teacher. Do NOT return this form to the OLACS admissions office.

Full Name of Student: _____ Current Grade of Student: _____

Teacher Name (print): _____ School Name: _____

I give my permission to the above-named teacher to answer the questions on this form and send the information to Our Lady of the Assumption Catholic School. I agree to hold the school, teacher and/or administrator named below harmless for information provided in this questionnaire. I waive any right of access to information provided on this form.

Signature of Parent or Guardian: _____ Date: _____

INSTRUCTIONS FOR TEACHER: Please use your professional judgment in answering the questions about the above-named student. *The information you provide will be kept strictly confidential.*

Class size: _____ full-day half-day Student's length of time in this school? _____

Is student's attendance/tardy record satisfactory? yes no Comments: _____

Maturity age level (check one): Young Average Advanced Is child potty-trained? yes no

In relation to other students, how much of your personal time and attention did this applicant?

Significantly more More Average Less Significantly less

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

Is there a disparity between ability and performance? yes no If yes, identify behaviors associated with disparity: _____

Has the student been tested diagnostically by any special services personnel? yes no do not know
If yes, give results: _____

Classroom conduct/discipline: Frequent disruptions Occasional misconduct Usually good conduct Good conduct
Comments: _____

What type of behavior management plan works best with this child? _____

Family Support : Is the current level of parent involvement in this student's school experience (*please explain*)

Helpful to the child? _____

In need of more involvement? _____

Overly-involved and not necessarily beneficial to the student? _____

Do the parents have a realistic picture of their child's ability? Yes Sometimes No Please explain:

How well have the student's parents cooperated with school policies and teacher recommendations?

(over)

Student Name: _____

Comment on the following areas with:

Never

Seldom

Sometimes

Usually

Student Behaviors

Attends to and follows teachers' directives	_____	_____	_____	_____
Works independently when requested	_____	_____	_____	_____
Plays cooperatively with peers	_____	_____	_____	_____
Manages school routines and procedures	_____	_____	_____	_____
Shows generally positive attitude toward school	_____	_____	_____	_____
Able to cope with stress (frustration)	_____	_____	_____	_____
Able to wait his/her turn	_____	_____	_____	_____
Exhibits self-control	_____	_____	_____	_____
Tries hard	_____	_____	_____	_____
Shares willingly	_____	_____	_____	_____
Can be part of group activity <i>without</i> adult assistance	_____	_____	_____	_____

Academic Readiness

Developing age-appropriate fine motor skills	_____	_____	_____	_____
Demonstrates spatial and quantitative awareness	_____	_____	_____	_____

Language Development

Receptive: Understands spoken directions & lessons	_____	_____	_____	_____
Expressive: Uses age-appropriate vocabulary, grammar & syntax	_____	_____	_____	_____

For students applying to 1st Grade ONLY

Recognizes and identifies letters	_____	_____	_____	_____
Developing phonetic skills as needed for decoding and encoding	_____	_____	_____	_____
Acquiring sight vocabulary in reading	_____	_____	_____	_____
Progressing appropriately in writing letters & numbers	_____	_____	_____	_____

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

I recommend this student to Our Lady of the Assumption School for:

Academic Ability & Promise Not at All With reservation With confidence Enthusiastically
Overall Not at All With reservation With confidence Enthusiastically

Thank you for the time and effort you have taken in completing this evaluation. Your observations are an important part of this student's application.

Evaluator's Name (print): _____ Position: _____

Evaluator's Signature: _____ Date: _____

Best time/day(s) to contact: _____ Phone: _____

Principal's Signature: _____ Date: _____