

# St. Isidore School Danville, California Confidential Teacher Evaluation Form

Each TK/Kindergarten applicant must submit the following evaluation completed by his/her (PK) Preschool, (TK) Transitional Kindergarten, or (K) Kindergarten teacher of the school that your child is currently attending. Parents need to provide a return envelope for child's teacher to return form.

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

(Circle One)                  Preschool                  Transitional Kindergarten                  Kindergarten

This child is applying for (circle one) TK or Kindergarten at St. Isidore School in Danville. We would appreciate the following information to assist us in determining the student's readiness for our program. Your input is of great value to us. Thank you for your prompt response.

**Please evaluate this student on the following criteria:**

	Superior	Good	Average	Below Average
<b><u>Social/Emotional Development</u></b>				
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts school routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares and takes turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's initial adjustment to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Speech/Language</u></b>				
Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of appropriate voice in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Physical Development</u></b>				
Small motor coordination: (Cutting, drawing, block building, handling manipulative equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large motor coordination: (Running, skipping, climbing, jumping, kicking/throwing a ball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Work Habits</u></b>				
Takes care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finishes what has been started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists with clean-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Based on your knowledge of this child, please circle the number that best represents his/her behavior, learning, and social emotional milestones when compared to the average student in your classroom.**

### **Pre-Academics**

1. How well does the child understand concepts when compared to classmates (e.g., colors, shapes, etc.)?

Above 5      4      Average 3      2      Below 1

2. How often is the child able to follow two-part directions?

Always 5      4      Frequently 3      2      Seldom 1

3. How well does the child participate in group activities when compared to classmates (e.g., calendar, sharing)?

Above 5      4      Average 3      2      Below 1

### **Attention**

4. How distractible is the child in comparison to his/her classmates during large group activities?

Seldom 5      4      Occasional 3      2      Frequent 1

5. What is the child's attention span in comparison to classmates?

Longer 5      4      Average 3      2      Shorter 1

6. How well does the child pay attention during a small group activity or story time?

Above 5      4      Average 3      2      Below 1

### **Communication**

7. How does the child's vocabulary and usage skills compared to classmates?

Above 5      4      Average 3      2      Below 1

8. How proficient is the child at relating an event when compared to classmates?

Above 5      4      Average 3      2      Below 1

9. How does the child's overall speech intelligibility compared to classmates (i.e., production of speech sounds)?

Above 5      4      Average 3      2      Below 1

### **Participation**

10. How often does the child answer questions appropriately?

Almost Always 5      4      Frequently 3      2      Seldom 1

11. How often does the child share information during group discussions?

Almost Always 5      4      Frequently 3      2      Seldom 1

12. How often does the child participate with classmates in group activities or group play?

Almost Always 5      4      Frequently 3      2      Seldom 1

### **Social Behavior**

13. Does the child play in socially acceptable ways (i.e., turn taking, sharing)?

Almost Always 5      4      Frequently 3      2      Seldom 1

14. How proficient is the child at using verbal language to communicate effectively with classmates (e.g., asking to play with another child's toy)?

Above 5      4      Average 3      2      Below 1

15. How often does the child become frustrated, sometimes to the point of losing emotional control?

Above 5      4      Average 3      2      Below 1

**Please check any that apply:**

- ☐ Receives speech therapy      ☐ Receives physical therapy      ☐ Receives occupational therapy  
☐ Experiences difficulty in hearing      ☐ Experiences difficulty with vision

Please provide any additional comments/observations:

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May we call you regarding this student for further input?    Yes\_\_\_\_\_                  No\_\_\_\_\_

If so, best number to reach you \_\_\_\_\_

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Evaluating Teacher/Director

Date