



Confidential Teacher Evaluation Form

Pre-K, Kindergarten, First Grade

Kay and Robert Schattner Center
 6045 16th St. NW, Washington, DC 20011
 Phone: 202-291-5737, ext. 103 Fax: 202-291-9750
 E-mail: admissions@jpds.org

Name of Student _____ Application for grade _____
 Name of person completing evaluation form _____
 I have known this student _____ years/months.
 Subject or name of class that I teach _____ School _____
 Grade of Applicant _____ Date _____

To the Teacher:

We appreciate your cooperation and candidacy in completing this form. Teacher evaluations are confidential and do not become part of the student's permanent files. This form provides one way of getting to know the child and is reviewed with the full awareness that children are constantly growing, changing, and developing. You may place your check mark in any column to the right or left to show gradations within each category.

Social Development

	Usually	Sometimes	Seldom	Comments
Can be a friend				_____
Is supportive of peers				_____
Is comfortable with adults				_____
Plays alone happily				_____
Cooperates in play				_____
Shares well				_____
Is imaginative				_____
Shows capacity to lead				_____
Shows the capacity to follow				_____
Uses material purposefully				_____
Initiates play activities				_____
Has the ability to participate in meaningful conversations				_____

Physical Development

	Above Average	Age-Appropriate	Needs Development	Comments
Small muscle control and coordination				_____
Large muscle control and coordination				_____
Speech development (articulation)				_____

Energy level (check one) Very active Active Average Low activity level

Pre-Academic Skill Development

	Usually	Sometimes	Seldom	Comments
Is attentive				
Listens in a group				
Contributes to group discussions				
Follows directions				
Works cooperatively				
Completes tasks				
Demonstrates ability to focus on one task				
Respects classroom routines				
Moves easily from one activity to another				
Is curious				
Is willing to try new activities				
Enjoys new challenges				
Expresses ideas well				
Responds positively to redirection				

Parents are (check one) very involved with school activities somewhat involved rarely involved not involved

Parents are very cooperative usually cooperative somewhat cooperative uncooperative

Please answer completely the following, using additional paper as necessary.

Please use 5 words to describe this student.

Please identify any special needs, including auditory and visual development, language disabilities, emotional or learning differences and any special accommodations the student needs or requires.

Please describe any independent evaluations for emotional, academic, or physical reasons that you are aware of that have been recommended or have been obtained.

In your belief, is the student ready for the grade for which he/she is applying? Please comment.

For children applying to first grade: Please describe the child’s development of:

Beginning reading skills _____

Beginning math skills _____

Beginning writing skills _____

If you would like to speak confidentially about this student, please feel free to call Sindy Udell, Director of Admission, 202-291-5737, ext. 103 or contact her via e-mail at sindyu@jpds.org or provide your phone number, days, and hours that are best to reach you. _____

Signature _____ Print or Type Name _____

Please return this form directly to: JPDS-NC Admission Office, Kay and Robert Schattner Center, 6045 16th Street, NW, Washington, DC 20011.