

# SACRED HEART SCHOOL Confidential Teacher Evaluation Form KINDERGARTEN ONLY

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**TO THE PARENT:** As part of the admissions process at Sacred Heart School we must receive a candid assessment of the applicant. **The student's application will not be processed without this completed form.** Please email a copy of this form to your student's teacher and ask him/her to complete it and email it directly to Sacred Heart's Admissions Director Laura Leach at Ileach@sacredheart.org.

First					Middle			st		
TO THE TEACHER: Thank you for completing this form for your student applying to our school. It is an essential part of our admissions consideration and we greatly appreciate your time! To maintain confidentiality and authenticity of this evaluation, please do not return the completed form to your student's parent, but email it directly to Sacred Heart's Admissions Director Laura Leach at Illeach@sacredheart.org. Thank You!										
Days child attends each	week:	М	Т	W	Th	F	½ Day	Full Day	Extended Care	
How long have you know this child and in what capacity?										
What are the first three words that come to mind to describe this child?										
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# Based on your experience with children this age, please check the most appropriate response for this child.

## 1. Attention Span

NAME OF APPLICANT:

Focuses and maintains attention over time Attends with occasional teacher redirection Easily distracted by noise or movement of others and requires frequent redirection

### 2. Task Persistence

Persists and completes tasks independently Attempts tasks, with some encouragement Attempts task, after much encouragement Refuses to attempt/complete task

### 3. Degree of Independence

Able to work on most tasks independently Requires occasional assistance to complete tasks Requires frequent assistance to complete tasks Needs constant supervision/guidance to complete tasks

## 4. Peer Relationships

Works and/or plays well with others Friendly, but reserved Has difficulty interacting with peers

### 5. Attention to Directions in Teacher Directed Activities

Listens carefully to entire directions
Attends only to brief directions
Plunges ahead after hearing only portion of directions

# 6. Comprehension of Directions in Teacher Directed Activities

Rapid comprehension of most directions, given age expectations Understands after several repetitions After several repetitions, understands only partial directions Does not appear to comprehend most directions

### Speaks clearly and confidently Copes well Communicates ideas clearly Adapts slowly Has difficulty expressing wants/needs Reacts verbally Unable to communicate clearly Reacts physically Speech has sound substitutions Withdraws socially or emotionally 8. When conflict arises, this child generally responds with: 10. Confidence Very sure of self Peacemaking Confident with things known, attempts new Open ness to resolving conflict things without encouragement Lack of cooperation Reluctant to try new or difficult things Reacts physically Very uncertain; needs much encouragement Withdrawal/Avoidance Defensive/Critical Attitude 11. Body Movement at Listening Times Sits quietly Some squirming Much movement Out of seat; body constantly in motion **Self Help Skills** Can Dress self Age Appropriate **Needs Development** Uses toilet unassisted Age Appropriate **Needs Improvement Physical Development** Small motor muscle control and coordination **Needs Development** Age Appropriate Large motor muscle control and coordination Age Appropriate **Needs Development** Reading/Writing Skills Ability to read & write numbers Outstanding Above Average Average Below Average No Basis Ability to read & write letters Outstanding Above Average Average **Below Average** No Basis Ability to read words Outstanding Above Average **Below Average** No Basis Average Has this family been a supportive partner with the classroom, teacher, and school? Do you have any questions or reservations about this student you would like to discuss with us? with confidence with reservations recommend this student enthusiastically not at all I would like a telephone conference to provide further information Yes No Completed by: Title: School:

9. Response to Stress/Pressure

7. Verbalization

Phone Number: