

TEACHER EVALUATION

Nursery, Pre-K, Kindergarten, Grade 1

_____ is a candidate for admission to (check one):
 Nursery Pre-K Kindergarten Grade 1, at the Solomon Schechter Day School of Greater Monmouth County. Your assistance with the assessment of this applicant is appreciated. The ratings and remarks included on this form will be read by the Admissions Committee and are considered confidential. Please complete both sides of this form and return it to the address listed below. Thank you for your help.

NAME OF EVALUATING TEACHER (PLEASE PRINT) _____

SCHOOL _____ PHONE _____

DATE _____ SIGNATURE _____

Please describe the applicant's overall disposition, listing at least 3-4 characteristic traits:

Please describe how the applicant interacts with classmates and peers:

Please describe how the applicant interacts with teachers:

Describe any modifications this applicant may require in a classroom setting:

List any special services (i.e., speech, learning, other) this applicant is receiving:

In relation to other students in this child's age group, please rate the applicant in the following:

	Always	Sometimes	Not Usually
Participates in classroom activities			
Conforms to classroom standards			
Demonstrates self-discipline			
Follows directions for daily routines			
Follows directions for projects			
Controls frustration			

(Please continue on back)

Please comment briefly on these items:

Child's physical growth and development: Above age Age appropriate Below age

Comments: _____

Child's use of language: Above age Age appropriate Below age

Comments: _____

Child's emotional development, including responses to discipline:
 Above age Age appropriate Below age

Comments: _____

Child's cognitive development
in comparison with others of the same age: Above age Age appropriate Below age

Comments: _____

Child's social development in comparison
with others of the same age: Above age Age appropriate Below age

Comments: _____

Additional Comments: . _____

Is this child physically aggressive? No Sometimes Yes

Please explain how. Specific examples are helpful. _____

How does this child express frustration? _____

Describe the level of parent/guardian involvement in the child's education:

Please list any of the child's special talents or interests: _____

Please call me about this child: **Time to call:** _____ **Phone:** _____

Thank you for completing this form. Please return to:

Solomon Schechter Day School of Greater Monmouth County
P.O. Box 203
Marlboro, NJ 07746
ATTENTION: ADMISSIONS

Phone: 732-431-5525

Fax: 732-431-2562

e-mail: linda@schechtergmc.com