



**Confidential Teacher Evaluation
Preschool, Kindergarten and First Grade**

PARENTS: Please sign the statement of permission and deliver to your child's current teacher.

_____ is applying for admission to CLC. I give my permission for the release of the following information concerning my child. I understand that this information is confidential and hereby waive any rights to view its contents.

Parent's Signature

Date

TEACHERS: We appreciate your cooperation in completing this form. We realize that you are busy and appreciate your thoughtful consideration of the questions below. Your responses are reviewed with the awareness that young children are constantly changing and developing. ***Please note that we place particular value on your comments in each area.*** Your replies will be kept confidential. If the student enrolls at CLC, this information does not become part of their cumulative record.

Child's Name: _____ DOB: _____ Age: _____ Sex: _____

Current School: _____ Teacher: _____

Current Grade: _____ Days per week enrolled: _____ Hours per day: _____ Size of group: _____ Age range: _____

How long have you known this child?: _____

Please answer the following for all **Preschool, Kindergarten and First Grade** students:

1. Please describe your learning environment, including student-teacher ratio, and your physical environment: _____

2. Please describe your organization's program (*VPK, Progressive, Independent, Faith based, Public*): _____

3. Please comment on this student's physical development (*i.e. fine and gross motor development, including strengths and weaknesses*): _____

4. Please comment on this student's language and speech development. Is the child currently receiving speech or language therapy? Are you considering a referral for an evaluation for speech and language development? _____

5. Please comment on this child's ability to transition and/or recover from disappointment: _____

6. Please list 3 words you would use to describe this child: _____

A. Please answer the following for ALL Preschool, Kindergarten and First Grade students:

Category	Area of Strength	Age Appropriate	Progressing Toward Age Appropriate	Area of Concern
PHYSICAL DEVELOPMENT				
• Small motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Draws with details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Gross motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sense of body in space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Gait, smoothness of movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL DEVELOPMENT				
RECEPTIVE SKILLS				
• Follows multiple step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Able to complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understands stories read aloud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Engages in discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Memory for events and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPRESSIVE SKILLS				
• Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fluency of expression	<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"/>
• Ability to stay on discussion topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tells story events in sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING READINESS				
• Invents stories for picture books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH				
• Sorting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recognizes shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL/ EMOTIONAL DEVELOPMENT				
• Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Acceptance of limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interaction with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follows classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Separation from parents/caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to wait for turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to communicate needs/wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Respect for property of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accepts responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Frustration tolerance with self-chosen activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Frustration tolerance with assigned activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attention span with self chosen activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category	Area of Strength	Age Appropriate	Progressing Toward Age Appropriate	Area of Concern
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SOCIAL/ EMOTIONAL DEVELOPMENT *(continued from page 2)*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • Attention span with assigned activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cooperative attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ability to follow peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Makes transitions easily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reacts well to new experiences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Accepts change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Comfortable with large group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Comfortable with small group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Comfortable playing alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on any item marked as an "Area of Concern" in the section above: _____

- For Preschool students, please proceed to Section D on page 4.
- For Kindergarten and First Grade students, please complete Section B below.

B. Please answer the following ONLY for Kindergarten and First Grade students:

Category	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Area of Concern
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SOCIAL/ EMOTIONAL DEVELOPMENT

- | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Resolves conflicts verbally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

INTELLECTUAL DEVELOPMENT

READING READINESS

- | | | | | |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Sound-symbol correspondence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Recognizes letters - Upper case | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Recognizes letters - Lower case | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MATH

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • Recognizes numerals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands one-to-one correspondence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Patterning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sequencing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands comparative terms (size/time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on any item marked as an "Area of Concern" in the section above: _____

- For Kindergarten students, please proceed to Section D on page 4.
- For First Grade students, please complete Section C on the following page.

C. Please answer the following ONLY for **First Grade** students:

Category	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Area of Concern
INTELLECTUAL DEVELOPMENT				
READING READINESS				
• Shows confidence in reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reads with fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Uses meaning to decode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Uses phonics to decode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH				
• Adds numbers to 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Counts to 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Skip counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any item marked as an "Area of Concern" in the section above: _____

D. Please include any additional comments you would like to share about this child: _____

Signature

Print Name

Title

Date

Please return to:

**Admissions Office
 Cornerstone Learning Community
 2524 Hartsfield Road
 Tallahassee, FL 32303**