

Preschool/Kindergarten Teacher Evaluation Form

Dear Teacher,

_____ (child's name) will be evaluated at Sparrow Psychological Services and your observations are a crucial part of his/her evaluation. Please fill out the form and give it to the child's parent, along with any relevant information such as achievement/aptitude test scores or report card.

Thank you.

Child's DOB _____ Grade _____ Date _____
Type of classroom ___ Traditional ___ Self-contained Spec. Ed. ___ Other _____
Number of children in class _____

School _____
Address _____
Teacher(s) Name _____

Please rate your concerns for this child, writing comments on the side.

N= Not true 1= Sometimes true 2=Often/Quite true

- N 1 2 Only pays attention to things he/she is interested in
- N 1 2 Seems spacey/in a fog
- N 1 2 Difficulty concentrating/paying attention
- N 1 2 Does not seem to hear what is said to him/her
- N 1 2 Daydreams/gets lost in own thoughts
- N 1 2 Impulsive/acts without thinking
- N 1 2 Has difficulty waiting his/her turn
- N 1 2 Interrupts others often
- N 1 2 Restless/ can't sit still
- N 1 2 Is accident prone/gets hurt often
- N 1 2 Talks continually
- N 1 2 Clowning or showing off
- N 1 2 Always on the go/motor driven
- N 1 2 Is loud, has difficulty playing quietly
- N 1 2 Disturbs other children
- N 1 2 Does feel guilty after misbehaving
- N 1 2 Climbs too much when not appropriate

- N 1 2 Argues often
- N 1 2 Refuses to comply with adults' requests
- N 1 2 Deliberately annoys people
- N 1 2 Blames others for own mistakes/misbehavior
- N 1 2 Hits others
- N 1 2 Bites others
- N 1 2 Disobedient at school
- N 1 2 Cruel/bullying/mean to people
- N 1 2 Cruel to animals
- N 1 2 Steals
- N 1 2 Tells others "I'm gonna kill you" or similar

- N 1 2 He/she does not enjoy much of anything
- N 1 2 Cries often
- N 1 2 Feels worthless/inferior
- N 1 2 Feels too guilty/bad person
- N 1 2 Tired without a reason
- N 1 2 Sad/depressed/unhappy
- N 1 2 Talks about hurting self

- N 1 2 Hurts self- ex. hitting/other_____
- N 1 2 Talks about killing self or wanting to die
- N 1 2 Complains of being unloved
- N 1 2 His/her feelings are too easily hurt
- N 1 2 Moody/moods shift

- N 1 2 Can't stop thinking about _____
- N 1 2 Fearful/nervous
- N 1 2 Fears certain situations_____
- N 1 2 Fears harm will come to significant person
- N 1 2 Refuses/avoids certain situations/people/places
- N 1 2 Fears he/she might do or think something bad
- N 1 2 Tense/on edge/high strung
- N 1 2 Bites fingernails/other_____
- N 1 2 Picks nose/skin/other body part_____
- N 1 2 Pulls out own hair
- N 1 2 Too shy or timid
- N 1 2 Refuses to talk
- N 1 2 Too clingy to adults/parents
- N 1 2 Worries
- N 1 2 Stores too many things he/she does not need_____
- N 1 2 Thumb sucking

- N 1 2 Fears others are out to get him/her
- N 1 2 Hears noises or voices that are not there
- N 1 2 Sees things that are not there
- N 1 2 Strange behavior_____
- N 1 2 Strange ideas_____

- N 1 2 Difficulty controlling bowel movements
- N 1 2 Bed wetting
- N 1 2 Wets self during the day
- N 1 2 Plays with sex/private parts too often
- N 1 2 Plays with sex/private parts in public
- N 1 2 Touches others in a sexual manner
- N 1 2 Is more sexually preoccupied than other kids

- N 1 2 Difficulty transitioning from one task to another
- N 1 2 Difficulty when routine is changed
- N 1 2 Prefers to be alone
- N 1 2 Repetitive behaviors or words
- N 1 2 Avoids eye contact
- N 1 2 Self stimulating behavior (spinning, flapping, rocking)
- N 1 2 Does not understand how to play with other children
- N 1 2 Unaware of social rules
- N 1 2 Lacks empathy
- N 1 2 Fails to point to wanted items
- N 1 2 Is overly interested in a particular item/activity
- N 1 2 Treats people in the same way as he/she treats objects
- N 1 2 Requires excessive reassurance when the unexpected occurs
- N 1 2 Reacts dramatically especially to unforeseen situations
- N 1 2 Has a high threshold for pain /does not feel pain
- N 1 2 Has a low threshold for pain
- N 1 2 Awkwardness/clumsiness
- N 1 2 Avoids sports/other athletic activities
- N 1 2 Dislikes the feel of certain clothing/clothing tags/sock seams

- N 1 2 Avoids activities that involve a lot of movement
- N 1 2 Refuses to eat certain foods
- N 1 2 School work looks messier than other children
- N 1 2 Constantly touching
- N 1 2 Reacts defensively to touch
- N 1 2 Reacts defensively to sounds
- N 1 2 Reacts defensively to _____

- N 1 2 Irritability/Anger/Temper outbursts
- N 1 2 Rage
- N 1 2 Deliberately destroys objects
- N 1 2 Feels too guilty after anger outbursts/hurting others
- N 1 2 Does not feel guilty after anger outbursts/hurting others
- N 1 2 Eating problems _____
- N 1 2 Eats nonfood items- ex. paint/dirt _____
- N 1 2 Gets up after others have gone to sleep/bed
- N 1 2 Headaches
- N 1 2 Stomach Aches
- N 1 2 Nausea/feels sick
- N 1 2 Vomiting/throwing up
- N 1 2 Secretive/keeps things to self
- N 1 2 Swears/uses obscene language
- N 1 2 Unusual/tic-like movements

- N 1 2 Speech delay/difficulty

- N 1 2 Not liked by other children
- N 1 2 Acts too young for his/her age
- N 1 2 Demands a lot of attention
- N 1 2 Brags/boasts
- N 1 2 Does not get along well with other kids
- N 1 2 Jealous of others
- N 1 2 Gets teased a lot
- N 1 2 Teases others a lot
- N 1 2 Wishes to be of the opposite sex

Behavioral Information

Please comment on the child's strengths and weakness.

Describe what motivates the child.

Describe the child's attitude and interest in school.

Do you notice a difference in the child's behavior depending on the situation? (ex- academic work vs. recess; math vs. reading; group vs.; individual)

Please describe the child's peer relationships.

Academic Information

Have you observed problems in these areas? (Make comments to the right)

Y N Oral Reading

Y N Sight words

Y N Phonetic skills

Y N Reading comprehension

Y N Arithmetic computation

Y N Arithmetic problem solving

Y N Spelling

Y N Handwriting/coloring

Y N Speech

Y N Seatwork (If problems exist, state possible reasons.)

Y N Do you feel the child will need to repeat present program?

Y N Do you feel the child is in need of resource room services?

Y N Do you feel the child is in need of a self-contained special education placement?

Y N Has the child previously been referred for SSD testing?

Any other comments: