

# common confidential teacher evaluation form

2016-17  
PRE-K, KINDERGARTEN, PRIMER, AND FIRST GRADE



## TO THE PARENT

Please submit this form to your child's current teacher, allowing time for completion and return by Friday, January 8, 2016.

### APPLICANT'S INFORMATION

LAST NAME

FIRST NAME

MI

I waive my right of access and that of my child to this teacher evaluation form.

Parent's or Guardian's Signature

Date

ACADEMIC ATTRIBUTES	TOP 10% CLASS	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS
Knowledge of Basic Skills					
Oral Communications					
Reading Skills					
Writing Skills					
Intellectual Curiosity					
Ability to Grasp New Concepts					
Response to Feedback/Redirection					
Academic Achievement					
Future Academic Potential					
Pattern of Completing Work on Time					

PERSONAL ATTRIBUTES	TOP 10% CLASS	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS
Affect/Determination/Perseverance					
Attention Span					
Organization/Responsibility					
Ability to Work Independently					
Ability to Work in Groups					
Relationship with Peers					
Creativity					
Emotional Maturity					
Citizenship/Conduct					
Management of Conflict/Criticism					

**ATTENDANCE RECORD** Number of absences (year-to-date) \_\_\_\_\_ Number of tardies (year-to-date) \_\_\_\_\_

### PLEASE SELECT FROM ONE OF THE FOLLOWING RECOMMENDATIONS:

- ☐ Highly recommend
- ☐ Recommend
- ☐ Recommend with reservations because \_\_\_\_\_
- ☐ Do not recommend because \_\_\_\_\_



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### PLEASE CHECK THE WORDS THAT BEST DESCRIBE THIS APPLICANT:

- |                                     |   |                                       |  |   |
|-------------------------------------|---|---------------------------------------|--|---|
| <input type="checkbox"/> Anxious    | <input type="checkbox"/> Cooperative        | <input type="checkbox"/> Kind         | <input type="checkbox"/> Manipulative    | <input type="checkbox"/> Positive Leader  |
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Shy                | <input type="checkbox"/> Honest       | <input type="checkbox"/> Perfectionist   | <input type="checkbox"/> Follower         |
| <input type="checkbox"/> Assertive  | <input type="checkbox"/> Social             | <input type="checkbox"/> Distractible | <input type="checkbox"/> Motivated       | <input type="checkbox"/> Self-Centered    |
| <input type="checkbox"/> Cheerful   | <input type="checkbox"/> Disobedient        | <input type="checkbox"/> Independent  | <input type="checkbox"/> Negative Leader | <input type="checkbox"/> Self-Disciplined |
| <input type="checkbox"/> Confident  | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Insightful   | <input type="checkbox"/> Irritable       | <input type="checkbox"/> Conscientious    |

Please list applicant's strengths: \_\_\_\_\_

\_\_\_\_\_

Please list applicant's weaknesses: \_\_\_\_\_

\_\_\_\_\_

Has outside help, enrichment, tutoring or testing been recommended? ☐ No ☐ Yes

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

What frustrates this student? \_\_\_\_\_

\_\_\_\_\_

Parental expectations, support, and attitude toward applicant and school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments (Please attach additional sheet, if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher Name \_\_\_\_\_ School \_\_\_\_\_

Teacher Phone Number \_\_\_\_\_ Teacher Email \_\_\_\_\_

Grade Taught \_\_\_\_\_ Number of Years Teaching Student \_\_\_\_\_