



Teacher/Director Evaluation Form K4 and Kindergarten

Parent: Please complete this section and deliver this form to your child's teacher. The evaluator will mail these forms directly to the Admission Office.

Child's Name _____ Goes by _____
First Middle Last

Gender _____ Date of Birth _____ Applying for Grade _____ School Year 20__ to 20__

Child's Current School _____

Address of Current School _____

School Telephone _____

 Signature of Parent or Legal Guardian

 Date

Notice of Nondiscriminatory Policy as to Students

Covenant Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

To Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence. Please complete and return this form *within seven days* to ccs-admissions@ccssmyrna.org

Please fill out the following by checking all that apply and comment if desired in the comment section.

Social Development:	<input type="checkbox"/> Plays with others	<input type="checkbox"/> Initiates activity	<input type="checkbox"/> Exhibits independence	<input type="checkbox"/> Responds positively to correction
	<input type="checkbox"/> Plays alone	<input type="checkbox"/> Stands up for right	<input type="checkbox"/> Follows rules	
	<input type="checkbox"/> Takes the lead	<input type="checkbox"/> Shares	<input type="checkbox"/> Follows others	

Emotional Development:	<input type="checkbox"/> Happy	<input type="checkbox"/> Confident	<input type="checkbox"/> Adaptable	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Controlled	<input type="checkbox"/> Receptive	<input type="checkbox"/> Hostile	<input type="checkbox"/> Angry
	<input type="checkbox"/> Content	<input type="checkbox"/> Even-tempered	<input type="checkbox"/> Nervous	<input type="checkbox"/> Aggressive
	<input type="checkbox"/> Flexible	<input type="checkbox"/> Shy/reserved		



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Work Habits:	<input type="checkbox"/> Works independently	<input type="checkbox"/> Focuses	<input type="checkbox"/> Completes tasks	<input type="checkbox"/> Drifts
	<input type="checkbox"/> Works in a group	<input type="checkbox"/> Listens intently	<input type="checkbox"/> Is persistent	<input type="checkbox"/> Transitions from one activity to another easily
	<input type="checkbox"/> Follows directions	<input type="checkbox"/> Organizes	<input type="checkbox"/> Is distractible	

Non-verbal Development:	<input type="checkbox"/> Recognition of patterns	<input type="checkbox"/> Attention to details	<input type="checkbox"/> Visual sequencing	<input type="checkbox"/> Interest in puzzles
	<input type="checkbox"/> Spatial awareness	<input type="checkbox"/> Draws self-portrait	<input type="checkbox"/> Interest in building	<input type="checkbox"/> Can classify
	<input type="checkbox"/> Left-right orientation/awareness			

Areas in which the child excels: _____

Area in which the child has the greatest needs: _____

Are absences excessive?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are tardies excessive?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please comment.

Please check those parental support terms that are typical:

<input type="checkbox"/> Are cooperative	<input type="checkbox"/> Follow through with suggestions
<input type="checkbox"/> Are appropriately interested in education	<input type="checkbox"/> Have realistic picture of child's ability
<input type="checkbox"/> Value child's uniqueness	

Please comment on degree and type of parental involvement: _____



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Social/Emotional Development	Outstanding	Above Average	Average	Below Average
Interaction with adults	<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"/>
Eye contact when speaking to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language/Communication Skills				
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequences events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development				
Gross Motor (balance, movement through space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor (hand-eye coordination, zips, buttons, stacks, cuts, hand dominance, pencil grip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attitude Toward School				
Eager and curious about learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Reading Readiness				
Identifies 8 basic colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begins to hear rhyming words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes upper case letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes connections between letters and their sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Math Readiness				
Recognizes basic shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes numeral 1-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes numerals 11-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matches objects with one-to-one correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on above: _____

In what capacity and how long have you known this child? _____

Title: _____

If the need arises, may we contact you to discuss the applicant further? _____ Telephone: () _____

Email: _____

 Print name of TEACHER/DIRECTOR

 Signature of TEACHER/DIRECTOR