



An Admission  
Collaborative  
Connecting  
Families  
and Schools

Recognizing that completing this form is not part of your official duties, our schools greatly appreciate your helping the applicant by supplying the information requested. **Please note that the information you submit will be confidential, will not be shared with the student and family, and will not become part of the student's permanent school records.** In order to establish and honor confidentiality, please send this form directly to the schools requested.

## Teacher Evaluation Form for Kindergarten Applicants

Applicant's Name: \_\_\_\_\_

Current School/Daycare: \_\_\_\_\_

Person(s) Completing this Form:

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How many children are in your program? \_\_\_\_\_

What is the style of your program? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> language-learning | <input type="checkbox"/> play-based       |
| <input type="checkbox"/> academic-focused  | <input type="checkbox"/> Montessori       |
| <input type="checkbox"/> Reggio Emilia     | <input type="checkbox"/> Waldorf          |
| <input type="checkbox"/> outdoor/nature    | <input type="checkbox"/> arts/drama/music |
| <input type="checkbox"/> other: _____      |   |

How long have you known this child and in what capacity?

What are the first few words that come to mind to describe this child?

Please comment on this child's strengths:

Do you have any specific concerns?:  social  emotional  cognitive  behavioral  developmental

What are your primary goals for this child?

In group situations, what behaviors does this child typically display?

- Tries to control  Takes a leadership role  Participates cooperatively  Observes  
 Seeks attention  Won't participate

How would you characterize this child's interactions with other students?

With adults?

What, if anything, frustrates this child and how does he/she respond?

Are the parents of this applicant supportive of their child's strengths and challenges? Have their expectations and perceptions of their child and your program been in alignment with yours and your school's?

| Readiness Behaviors   | consistently          | usually               | sometimes             | rarely                | never                 |                                   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|
| Demonstrates ability to focus on one task                         | <input type="radio"/> | Additional comments on readiness: |
| Perseveres with a difficult task                                  | <input type="radio"/> |                                   |
| Responds positively to redirection                                | <input type="radio"/> |                                   |
| Shows creativity and imagination in play and work                 | <input type="radio"/> |                                   |
| Displays age-appropriate resilience                               | <input type="radio"/> |                                   |
| Can follow the lead of peers                                      | <input type="radio"/> |                                   |
| Assumes a leadership role with peers                              | <input type="radio"/> |                                   |
| Cooperates in work and play                                       | <input type="radio"/> |                                   |
| Transitions appropriately between activities                      | <input type="radio"/> |                                   |
| Shows empathy toward peers and adults                             | <input type="radio"/> |                                   |
| Seeks help appropriately when needed                              | <input type="radio"/> |                                   |
| Is open to new activities and information                         | <input type="radio"/> |                                   |
| Demonstrates awareness of self in space                           | <input type="radio"/> |                                   |
| Completes tasks independently                                     | <input type="radio"/> |                                   |
| Can be hyperfocused on one topic of interest                      | <input type="radio"/> |                                   |
| Willingly shares materials with peers                             | <input type="radio"/> |                                   |
| Follows multi-step directions to completion                       | <input type="radio"/> |                                   |
| Demonstrates self-control on the playground                       | <input type="radio"/> |                                   |
| Demonstrates self-control in class                                | <input type="radio"/> |                                   |
| Initiates play activities   | <input type="radio"/> |                                   |
| Participates in movement activities and games                     | <input type="radio"/> |                                   |
| Uses self-help strategies to manage wardrobe and personal hygiene | <input type="radio"/> |                                   |
| Exhibits coordinated movement when running, walking, or climbing  | <input type="radio"/> |                                   |
| Displays appropriate risk-taking in physical play                 | <input type="radio"/> |                                   |
| Understands and adapts when play becomes too rough                | <input type="radio"/> |                                   |
| Shows flexibility with people and activities                      | <input type="radio"/> |                                   |

We would appreciate any additional information which you think would help our school make an informed decision:

Thank you for your time and candor. May we contact you if we need clarification?  Yes  No

Phone number: \_\_\_\_\_  work  cell  home

E-mail: \_\_\_\_\_  work  home

Signature: \_\_\_\_\_ Date: \_\_\_\_\_