



**TEACHER'S EVALUATION FORM**  
**C O N F I D E N T I A L**

Instructions to parents: Please complete the top portion of this form. Submit this form to the Principal, Director, or teacher at your child's current school or care environment and ask that it be completed and returned with supporting materials (transcripts, where applicable) to:

**Christian Montessori School at Lake Norman**  
*Attn: Admissions Committee*  
14101 Stumptown Rd. • Huntersville, NC 28078  
Fax 704-875-0915

Student's Last Name                      First Name                      Middle Name                      Preferred Name

\_\_\_\_\_ Fall 20 \_\_\_\_\_  
Current Grade                      Grade Applying to                      Academic Year

Thank you for completing this form on behalf of my child.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

.....  
**Principal or 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 it to Christian Montessori School at Lake Norman.

Name of School: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

Address of School: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

.....  
**INFORMATION ON PERSON COMPLETING THIS FORM:**

How long have you known this child? \_\_\_\_\_

In what capacity? \_\_\_\_\_

If need arises, may we contact you to further discuss the applicant? If yes, please provide a phone number and time of day when you may be reached:  
\_\_\_\_\_

Your academic area: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Christian Montessori School**  
**AT LAKE NORMAN**

Evaluation of: \_\_\_\_\_ Date: \_\_\_\_\_

AREAS OF ASSESSMENT	Outstanding	Above Average	Average	Below Average
<b>Areas of Social/ Emotional Development</b>				
<i>Interactions</i>				
Interaction with adults				
Interaction with peers				
Responds positively to correction				
Respect for others				
Ability to follow if necessary				
Temperament				
Follows rules				
<i>Play / Interaction Behavior</i>				
Plays/Interacts with others				
Plays/Interacts alone				
Shares				
<i>Self-help/Independence</i>				
Initiates activity				
Exhibits independence				
Self-confidence				
Leadership				
Stands up for rights				
<i>Self-concept</i>				
Self-control				
Anger control				
Self-confidence				
<b>Language/ Communication Skills</b>				
<i>Use of Language</i>				
Uses appropriate vocabulary				
Articulates words				
<i>Communication Use</i>				
Follows direction				
Sequences events				
Responds appropriately in groups				
<b>Physical Development</b>				
Fine motor skills				
Spatial awareness				
Gross motor skills				
<b>Attitude Toward School</b>				
Eager to learn				
Curious				
Observant				
Creative				
Works independently				
Focuses				
Listens attentively				
Is organized				
Completes tasks				
Pays attention to detail				
<b>Parental Assessment</b>				
Level of cooperation				
Follow-through with suggestions				
Interest in child's education				
Realistic understanding of child's ability				
Degree of parental involvement				

**Narrative Comments:**

Areas in which the child exceeds: \_\_\_\_\_

Areas of need: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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