



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
_____	_____	_____	_____
Current Grade	Grade Applying to	Academic Year <u>Fall 20</u>	

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: _____

Evaluation of: _____ Date: _____

AREAS OF ASSESSMENT	Outstanding	Above Average	Average	Below Average
Areas of Social/ Emotional Development				
<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				
Language/ Communication Skills				
<i>Use of Language</i>				
Uses appropriate vocabulary				
Articulates words				
<i>Communication Use</i>				
Follows direction				
Sequences events				
Responds appropriately in groups				
Physical Development				
Fine motor skills				
Spatial awareness				
Gross motor skills				
Attitude Toward School				
Eager to learn				
Curious				
Observant				
Creative				
Works independently				
Focuses				
Listens attentively				
Is organized				
Completes tasks				
Pays attention to detail				
Parental Assessment				
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: _____