



# Teacher Evaluation Form

## Entering Prep I and II

### Elmwood Franklin School

104 New Amsterdam Avenue, Buffalo, NY 14216-3399 admissions@elmwoodfranklin.org p 716-877-5035 f 716-877-9680

Student's Name \_\_\_\_\_ Applying to Grade \_\_\_\_\_

Teacher Completing Form \_\_\_\_\_

Current School \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TEACHER:** Your completion of this form is an important part of the admissions process and we value your candid insights and observations. It is important that the student's next school placement be appropriate for the student and family. **Please know that the professional comments you provide will be held in the strictest confidence.**

#### Personal Qualities (Select all that consistently describe this student)

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|------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Resilient | <input type="checkbox"/> Exhibits curiosity               | <input type="checkbox"/> Aware of others' needs              |
| <input type="checkbox"/> Patient   | <input type="checkbox"/> Works and plays cooperatively    | <input type="checkbox"/> Responsive to teacher directions    |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Positive interactions with peers | <input type="checkbox"/> Accepts responsibility for actions  |
| <input type="checkbox"/> Reserved  | <input type="checkbox"/> Positive member of the classroom | <input type="checkbox"/> Respects classmates' personal space |

Language Development	Area of Strength	Age Appropriate	Progressing to Age Appropriate	Area of Concern
Articulates clearly				
Follows conversations and responds appropriately				
Exhibits a growing vocabulary				
Listens attentively				
Follows instructions				
Follows multi-step directions				

Social/Emotional/Intellectual Development	Area of Strength	Age Appropriate	Progressing to Age Appropriate	Area of Concern
Separates from parent(s)/caregiver(s)				
Communicates ideas, needs, and feelings appropriately				
Shows empathy and care for others				
Demonstrates the capacity to form friendships				
Demonstrates the ability to share				
Understands/follows social cues				
Participates in group activities				
Accepts limits and redirection				
Transitions appropriately between activities				
Tolerates frustrations				
Exhibits problem solving skills				
Uses classroom materials respectfully and purposely				
Demonstrates an appropriate attention span				
Completes one task before starting another				
Follows classroom routines				

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Physical and Personal Development	Area of Strength	Age Appropriate	Progressing to Age Appropriate	Area of Concern
Fine motor coordination (puzzles, lacing, scissors, etc.)				
Uses appropriate pencil grip				
Draws with detail				
Gross motor coordination (climbing, hopping, etc.)				
Has sense of body in classroom and outdoor space				
Demonstrates an ability to self-regulate/control impulses				
Dresses self (puts on/takes off jacket/shoes, etc.)				
Responsible for personal belongings				
Is willing to participate in clean-up activities				
Participates in outdoor group activities				
Demonstrates independence and self-reliance				

Please share any comments related to areas of concern as indicated:

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Handedness established?  Yes  No

Preferred play choice

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Usually takes role of

Family Information	Consistently	Usually	Seldom
Perception of their child is consistent with the school's perception of the child			
Responsive to teacher feedback			
Supports school/classroom systems and expectations (i.e. arriving on time, following through with school requests, etc.)			

What is the primary language spoken in the home?

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How long have you know this child?

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How long has this child been at the school?

Current grade level:

How many days per week does this child attend?

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Please share any additional information regarding the applicant or family that would be helpful:

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Is this applicant ready for a 5-day, full day program?  Yes  No

If we have additional questions, may we contact you?  Yes  No

Teacher E-mail

Phone Number

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Signature

Date