

Austin Jewish Academy

Teacher Evaluation Form – Kindergarten Applicant

TO THE PARENT: After you have completed the section below, please give this form to the Director or other authorized personnel of your child’s preschool. Kindly request that they mail it directly to our school. A self-addressed envelope is included for their convenience.

Name of Student: _____ Date of Birth _____

Name of Parent/s: _____

Address: _____ City: _____

Home Phone: _____ State: _____ Zip: _____

Proposed Admission Date: _____

TO THE DIRECTOR AND/OR TEACHER

The above student has applied to Austin Jewish Academy (AJA). Your impressions of the applicant are very important in helping us learn more about the child. Your judgments are used solely for the admissions process and are held in the strictest confidence. We appreciate your time and effort in completing this questionnaire. Kindly return this form within one week of receipt. FAX (512) 735-8351, or mail it directly to AJA in the self-addressed, stamped envelope provided. Thank you for your input.

Social and Emotional Development	Proficient	In Process	Not Yet
Shows comfort and confidence with self			
Follows classroom rules and routines			
Uses classroom materials purposefully and respectfully			
Manages transitions and adapts to changes in routines			
Participates in the group life of the class			
Interacts easily with adults			
Interacts easily with one / more children when playing or working			
Shows empathy and caring for others			
Seeks adult help when needed			
Uses words to resolve conflicts			
Comments:			

Physical Development	Proficient	In Process	Not Yet
Uses writing and drawing tools with confidence and control			
Uses balance and control to perform large motor tasks			
Comments:			

Language, Literacy and Mathematical Thinking	Proficient	In Process	Not Yet
Uses spoken language for a variety of purposes			
Speaks clearly, conveying ideas in discussions and conversations			
Recognizes the association between spoken and written words			
Recalls detailed information from a story			
Shows understanding of the concept of number and quantity			
Demonstrates an understanding of one-to-one correspondence			

Approach To Learning			
Shows eagerness and curiosity as a learner			
Follows directions that involve a series of actions			
Grasps new concepts with relative ease			
Sustains attention during seat and group activities			
Completes tasks/projects in a timely manner			
Uses problem solving skills			

What else would you like to tell us about this child? _____

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school functions				
Complies with school rules/policies				
Cooperates with faculty/administration				
Has realistic expectations for child				
Comments: _____ _____				

Form completed by: _____ Position: _____

How long have you known this child? _____ School Telephone Number: _____

Name of School: _____ Address of School: _____

City, State, Zip _____ Today's Date: _____

If there is any additional information that would be better conveyed in a phone conversation, please indicate so and we will be glad to contact you. YES ___ NO ___

We thank you in advance for the help your comments provide.