



Teacher Evaluation Form

Early Childhood - Kindergarten

Applicant's Name: _____

Current School/Daycare: _____ Teacher Name: _____

School Address: _____

Teacher/School Telephone Number: _____ Teacher email address: _____

Applicant Attends: _____ days per week _____ hours per day

Teachers: Our school greatly appreciates your helping the applicant by supplying the information requested. Please return the completed form directly to Levine Academy as requested. Information you submit will be considered confidential, will not be shared with parents, and will not become part of the child's permanent school records.

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?

SOCIAL DEVELOPMENT	Area of Strength	Appropriate for Age	Progressing Toward Age Appropriate	Area of Concern	Comments
Shows empathy toward peers					
Plays alone happily					
Cooperates at play					
Shares well without prompting					
Initiates play activities					
Demonstrates ability to lead					
Demonstrates ability to follow					
Is imaginative					
Uses materials purposively					
Demonstrates self-control in class					
Demonstrates self-control on playground					
Responds positively to re-direction					
Exhibits sense of humor					
Seeks help when needed					
Respects property of others					
Exhibits courtesy and respect					
PHYSICAL DEVELOPMENT					
Small muscle control & development					
Large muscle control & development					
Speech & articulation					

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?

SKILL DEVELOPMENT	Area of Strength	Appropriate for Age	Progressing Toward Age Appropriate	Area of Concern	Comments
Is attentive					
Listens in a group					
Contributes to group discussions					
Follows directions					
Works cooperatively					
Demonstrates ability to focus on one task					
Completes tasks independently					
Respects classroom routines					
Makes transitions easily					
Responds positively to constructive criticism					
Is curious					
Is willing to try new activities					
Grasps new concepts					
Is a self-starter					
Enjoys new challenges					
Exhibits problem-solving ability					
Expresses ideas well verbally					
Exhibits self-help skills <small>(hand-washing, bathroom skills, etc.)</small>					

Please comment on this child's strengths.

Please describe any areas of concern.

Please comment on this child's academic skills.

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

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

If we need clarification, may we contact you by e-mail? Yes No

Email: _____ Phone Number: _____

Teacher Signature: _____ Date: _____

Send information to:
Ann and Nate Levine Academy
c/o The Admissions Office
18011 Hillcrest Road
Dallas, Texas 75252
Phone: 972.248.3032
Fax: 972.248.0695
admissions@levineacaemy.org