

# Teacher Observation Form

## Little Eagles and Pre-Kindergarten

Student's Name \_\_\_\_\_  
 Current School \_\_\_\_\_ Date \_\_\_\_\_

Dear Colleague,

The signature of the parent(s)/ Legal Guardian on the attached Record Release form allows intended parties to complete this form. Our Admissions Committee finds candid evaluations quite helpful and appreciates your cooperation in giving as full an appraisal as possible for this student. All information provided will be held in absolute confidence and students, parents, and guardians will not have access to such information.

Thank you for your assistance.

Please return this form to ECS Admissions by email ([admissions@ecseagles.com](mailto:admissions@ecseagles.com)) or fax to (901)751-6782 Attn: Admissions Department

Emotional Maturity	Please check the appropriate response:				
	Excellent	Good	Fair	Poor	N/A
Plays happily with friends					
Shows respect to authority					
Enjoys school and playing with other children					
Is willing to cooperate with teachers					
Has self-confidence and willingness to try new activities					
Shares well and takes turns age-appropriately					
Separates easily					
Demonstrates self-control					
Expresses negative feelings age-appropriately					
Demonstrates independence, even age-appropriate defiance					
<b>Comments:</b>					

Language	Please check the appropriate response:				
	Excellent	Good	Fair	Poor	N/A
Says short sentences with two to four words					
Points to things when they are named					
Knows familiar body parts					
Recognizes and can name familiar people					
Follows simple instructions					
Repeats words					
Any noticeable speech or learning problems? <b>Please explain.</b>					
<b>Comments:</b>					

Skills	Please check the appropriate response:				
	Excellent	Good	Fair	Poor	N/A
Can sort shapes and colors					
Can find things under multiple layers					
Completes sentences or phrases in familiar books					

Plays simple make-believe games					
Builds towers with four or more blocks					
Can sit for an age-appropriate amount of time					
Can follow two-step instructions					
<b>Comments:</b>					

<b>Fine and Gross Motor Development</b>	<b>Please check the appropriate response:</b>				
	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Small muscle control and coordination					
Can run and kick a ball overhead					
Makes or copies straight lines and circles					
Can climb up and down furniture with assistance					
Can run					
Chews with full-jaw movements					
Uses utensils with some spills					
<b>Handedness:</b>	Undetermined		Right	Left	
<b>Comments:</b>					

**Please check the items that describe this child:**

- |                                       |                                       |   |  |
|---------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Agreeable    | <input type="checkbox"/> Aggressive   | <input type="checkbox"/> Angry          | <input type="checkbox"/> Assertive     |
| <input type="checkbox"/> Compulsive   | <input type="checkbox"/> Confident    | <input type="checkbox"/> Cooperative    | <input type="checkbox"/> Demanding     |
| <input type="checkbox"/> Distractible | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Even-tempered  | <input type="checkbox"/> Expressive    |
| <input type="checkbox"/> Impulsive    | <input type="checkbox"/> Nervous      | <input type="checkbox"/> Noticeably shy | <input type="checkbox"/> Outgoing      |
| <input type="checkbox"/> Quiet        | <input type="checkbox"/> Sullen       | <input type="checkbox"/> Talkative      | <input type="checkbox"/> Well-mannered |
| <input type="checkbox"/> Withdrawn    |                                       |   |  |

<b>Parents</b>	<b>Please check the appropriate response:</b>				
	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Are cooperative					
Have reasonable expectations of school					
Follow through with school's suggestions					
Are consistent with discipline					
Have a realistic picture of child's abilities					
Are genuinely interested in child's education					
<b>Comments:</b>					

**ADDITIONAL COMMENTS on Parents or Students:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you prefer to discuss your recommendations by telephone?	_____ Yes	_____ No
Your telephone number:	Most convenient time to call:	

Teacher Name \_\_\_\_\_ Date \_\_\_\_\_  
 How long have you known this student? \_\_\_\_\_