

Teacher Observation Form

1st through 6th Grade

Student's Name _____ Current Grade _____
 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) or fax to (901)751-6782 Attn: Admissions Department

	Please check the appropriate response:				
	Excellent	Good	Fair	Poor	N/A
Academic Skills					
Reading					
Writing					
Math					
Problem Solving					
Critical Thinking					
Creativity					
Any noticeable speech or learning problems? Please explain.					
Comments:					

Student Services: Has the applicant ever been a recipient of a special services program i.e, gifted, learning disability, tutoring, etc.? (circle one) Yes No If yes, please explain below...

	Please check the appropriate response:				
	Excellent	Good	Fair	Poor	N/A
Work Habits					
Demonstrates adequate listening skills					
Participates in group collaboration					
Contributes appropriately during whole group instruction					
Follows instructions					
Attends to instruction and independent work					
Completes tasks					
Pursues help when needed					
Grasps new concepts					
Exhibits perseverance					
Comments:					

Are there any behavioral problems that may affect the student's performance at school? _____

Please check the items that describe the personal qualities of the student:

- | | | | |
|---|---|--|--|
| <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"/> Determined | <input type="checkbox"/> Distractible | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Even-tempered |
| <input type="checkbox"/> Expressive | <input type="checkbox"/> Leadership potential | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Noticeably shy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Quiet | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Well-mannered | <input type="checkbox"/> Withdrawn |

Parents	Please check the appropriate response:				
	Excellent	Good	Fair	Poor	N/A
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					
Comments:					

ADDITIONAL COMMENTS: _____

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? _____