



PRESCHOOL & KINDERGARTEN EVALUATION FORM FOR TEACHERS

TEACHERS: 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. Although each school may vary in the emphasis that it places on the areas in this form, Killian Hill Christian School is interested in the descriptive profile, which this form provides. Please know that the professional comments you provide will be held in the strictest confidence. After completing this form, we ask that the individual completing this form email it to Admissions Office at admissions@khcs.org. Thank you very much.

Name of Student

Current School

Date

Teacher Completing This Form

CHECK THE COLUMN THAT CONSISTENTLY DESCRIBES THIS STUDENT:

LANGUAGE DEVELOPMENT

Consistently

Often

With Teacher
Support

Currently Not
Demonstrated

Articulates clearly

☐☐☐☐

Follows conversations and
responds appropriately

☐☐☐☐

Exhibits a growing vocabulary

☐☐☐☐

Listens attentively

☐☐☐☐

Follows multi-step directions

☐☐☐☐

SOCIAL/EMOTIONAL/ INTELLECTUAL DEVELOPMENT

Consistently

Often

With Teacher
Support

Currently Not
Demonstrated

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

☐☐☐☐

SOCIAL/EMOTIONAL/ INTELLECTUAL DEVELOPMENT	Consistently	Often	With Teacher Support	Currently Not Demonstrated
Understands/follows social cues	☐	☐	☐	☐
Participates in group activities	☐	☐	☐	☐
Accepts limits and redirection	☐	☐	☐	☐
Transitions appropriately between activities	☐	☐	☐	☐
Tolerates frustrations/not prone to temper tantrums	☐	☐	☐	☐
Exhibits problem-solving skills	☐	☐	☐	☐
Uses classroom materials respectfully and purposefully	☐	☐	☐	☐
Demonstrates an appropriate attention span	☐	☐	☐	☐
Completes one task before starting another	☐	☐	☐	☐
Responds appropriately to structured environments	☐	☐	☐	☐

PHYSICAL AND PERSONAL DEVELOPMENT	Consistently	Often	With Teacher Support	Currently Not Demonstrated
Fine motor coordination (puzzles, lacing, scissors, etc.)	☐	☐	☐	☐
Uses appropriate pencil grip	☐	☐	☐	☐
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 sweater, shoes, etc.)	☐	☐	☐	☐
Responsible for personal belongings	☐	☐	☐	☐
Participates in outdoor group activities	☐	☐	☐	☐
Demonstrates independence and self-reliance	☐	☐	☐	☐
Takes care of basic needs	☐	☐	☐	☐

FAMILY INFORMATION	Consistently	Usually	Seldom
Participates in school activities	☐	☐	☐
Cooperates with school personnel	☐	☐	☐
School forms are completed promptly/returned in folder	☐	☐	☐

Parents' perception of child is consistent with school's	☐	☐	☐
Positive response to teacher feedback	☐	☐	☐
Supports school/classroom systems and expectations (i.e. arrives on time, follows through with school requests)	☐	☐	☐

Handedness established? ☐ Yes ☐ No If yes, which hand: ☐ Right ☐ Left
Usually takes role of ☐ Leader ☐ Follower

Does this student have an Individualized Education Program (IEP)? ☐ Yes ☐ No

How long have you known this student? _____

How long has this student been at your school? _____

Is this student ☐ half day or ☐ full day?

How many days per week does this student attend? _____

Is this student ready for a full-time kindergarten program? ☐ Yes ☐ No

Please share any comments related to areas of concern: _____

Please share any speech, language, or auditory development concerns: _____

Please share any inappropriate behavior concerns: _____

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

If we have additional questions, may we call you? ☐ Yes ☐ No

Teacher Signature	Phone Number	Date
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Email Address	School Name
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