

Triangle Day School

Confidential Teacher Evaluation Form (Transitional Kindergarten and Kindergarten)

Student: _____

Birth date: _____

Current Grade/Age Group: _____

School: _____

This student is applying for admission to Triangle Day School. Please complete the evaluation form and return to the address listed below. Your comments are greatly appreciated and will be held in the safest confidence. Thank you for your assistance.

<p style="text-align: center;">Send this completed form to TADS Admissions:</p> <p style="text-align: center;">Fax: 612.548.3323</p> <p style="text-align: center;">Mail: TADS Admissions Management 1201 Hawthorne Ave., Ste 100 Minneapolis, MN 55403</p>	FORM SUBMISSION
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<i>Social/Emotional</i>	Always	Usually	Sometimes	Never
Displays self-control				
Separates easily from parent				
Manages bathroom needs				
Cooperates with adults				
Works and plays cooperatively				
Respects others' feelings				
Solves conflict without using aggression				
Works independently				
Handles transitions easily				
Shows age-appropriate attention span				

Comments:

<i>Motor Skills</i>	Exceeds Age Expectations	Age Appropriate	Needs Development	Area of Concern
Uses scissors				
Uses pencil appropriately				
Writes own name				
Shows interest in drawing				
Is aware of body in space				

Comments:

<i>Language Development</i>	Exceeds Age Expectations	Age Appropriate	Needs Development	Area of Concern
Demonstrates an interest in letters and numbers				
Shows interest in books				
Identifies rhyming words				
Speaks clearly				
Follows directions				
Participates at group				
Completes tasks				

Comments:

Have you recommended that this child be evaluated for learning differences or behavioral needs? _____

Has this child been evaluated for learning differences or behavioral needs? _____

(If yes, please describe.)

Describe the parents' cooperation and involvement.

Assess the child's overall readiness for Transitional Kindergarten or Kindergarten.

Please share any other information that would be helpful for us to know when working with this child.

Teacher Signature: _____ Position: _____

Date: _____ Phone: _____

Would you like a phone call? _____ Best time to call: _____

Thank you for your insights.

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