



TRIANGLE DAY SCHOOL

# Confidential Teacher Evaluation Form (1<sup>st</sup> Grade)

Student: \_\_\_\_\_

Birth date: \_\_\_\_\_

Current Grade/Age Group: \_\_\_\_\_

School: \_\_\_\_\_

Please complete this form, checking the most appropriate box and adding detail and examples where helpful. Your comments will be held in strictest confidence. Once completed, please:

**Fax to: Triangle Day School at 919-383-7157**

OR

**Mail to: TADS Admissions Management**

110 N 5<sup>th</sup> St., Second Floor  
Minneapolis, MN 55403

<i>Social/Emotional Development</i>	Always	Usually	Sometimes	Never
Displays self-control				
Separates easily from parent				
Cooperates with others				
Respects others' feelings				
Solves conflict without using aggression				
Works independently				
Stays on task or topic				

Comments:

<i>Motor Skills</i>	Exceeds Age Expectations	Age Appropriate	Needs Development	Area of Concern
Cuts on a line				
Uses correct pencil grip				
Writes first and last names				
Draws identifiable pictures				
Forms letters correctly				
Is aware of body in space				

Comments:

<i>Language Development</i>	Exceeds Age Expectations	Age Appropriate	Needs Development	Area of Concern
Recognizes letters				
Identifies letter sounds				
Reads one-syllable words				
Writes phonetically				
Rhymes words				
Speaks clearly				
Follows multi-step directions				
Participates in discussions				

Comments:

<i>Math Readiness Skills</i>	Exceeds Age Expectations	Age Appropriate	Needs Development	Area of Concern
Identifies numbers 1-20				
Adds using manipulatives				
Names basic shapes				
Knows colors				
Forms patterns				
Counts by rote				

*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 first grade.

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

Teacher Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Would you like a phone call? \_\_\_\_\_

Best time and number to call: \_\_\_\_\_

*Thank you for your insights.*

