



TRIANGLE DAY SCHOOL

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

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

Current Grade/Age Group: \_\_\_\_\_ School: \_\_\_\_\_ Number of children in class: \_\_\_\_\_

Please complete this form, checking the most appropriate box and adding detail and examples where helpful. Your comments will be held in strictest confidence. In order to adequately assess this student, please do not complete this recommendation prior to November.

<i>Social/Emotional Development</i>	Area of strength	Age appropriate	Progressing towards age appropriate	Area of concern
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				
Is a self-starter				
Moves easily from one activity or space to another				
Easily grasps new concepts				

*Please comment further on items marked "Area of concern":*

<i>Motor Skills</i>	Area of strength	Age appropriate	Progressing towards age appropriate	Area of concern
Handedness: Right _____ Left _____ Mixed _____				
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				
Balance and coordination				

*Please comment further on items marked "Area of concern":*

<i>Language Development</i>	Area of strength	Age appropriate	Progressing towards age appropriate	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				

*Please comment further on items marked "Area of concern":*

<i>Math Readiness Skills</i>	Area of strength	Age appropriate	Progressing towards age appropriate	Area of concern
Identifies numbers 1-20				
Adds using manipulatives				
Names basic shapes				
Knows colors				
Forms patterns				
Counts by rote				

*Please comment further on items marked "Area of concern":*

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's Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Would you like to discuss the candidate by phone? \_\_\_\_\_ Best day/time to call: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your insights.*

Once completed, please submit to:

**Fax to:** Triangle Day School, ATTN Deb Newlin at (919) 383-7157  
OR

**Email to:** Deb Newlin at deb.newlin@triangledayschool.org  
OR

**Mail to:** Deb Newlin  
Triangle Day School  
4911 Neal Rd  
Durham, NC 27705