



TRIANGLE DAY SCHOOL

Confidential Teacher Evaluation Form (TK & K)

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	Developmentally appropriate	Needs further development	Area of concern	Not yet introduced
Displays self-control					
Separates easily from parent					
Manages bathroom needs independently					
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					
Listens to and follows directions					
Displays an age appropriate sense of humor					

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

<i>Motor Skills</i>	Area of Strength	Developmentally appropriate	Needs further development	Area of concern	Not yet introduced
Uses scissors					
Uses pencil appropriately					
Writes own name					
Shows interest in drawing					
Is aware of body in space					
Utilizes free playtime appropriately					
Eye-hand coordination and dexterity					
Demonstrates competent gross motor skills (e.g. running, hopping, climbing)					

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

<i>Language Development</i>	Area of Strength	Developmentally appropriate	Needs further development	Area of concern	Not yet introduced
Demonstrates an interest in letters and numbers					
Shows interest in books					
Identifies rhyming words					
Speaks clearly					
Follows directions					
Participates at group					
Completes tasks					

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 transitional kindergarten or kindergarten.

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