CONFIDENTIAL TEACHER EVALUATION FORM For Students Entering Pre-K, K, and 1st Grade

 Name of Student
 Current Grade

 To the Teacher: Thank you for taking the time to complete this confidential form. We accept your recommendation with the knowledge that young children's abilities are changing and developing constantly. Your comments will not be shared outside of the Admissions Office. Please seal and mail this form to The Salisbury School, Admissions Office, 6279 Hobbs Road, Salisbury, MD 21804.

 I have known the student for ______ months.

 My relationship to the student is: ______

 Please print your name: ______

 School Name: _______

 School Telephone: _______

 What words come to mind when you think of this student?

 What activities delight this child?

What activities frustrate this child?

Social Development	Usually	Sometimes	Seldom
Can be a friend			
Is kind to peers			
Plays alone happily			
Cooperates at play			
Shares well			
Can be a leader			
Can be a follower			
Is imaginative			
Uses material purposefully			
Seeks help when needed			
Is mature for age			
Exhibits sense of humor			
Demonstrates self-control in class			
Demonstrates self-control on the playground			

Physical Development	Outstanding	Age Appropriate	Needs Development
Small muscle control			
Large muscle control			
Speech development			

Please identify this child's special need, if any, including auditory or visual development.

Pre-Academic Skill Development	Outstanding	Age Appropriate	Needs Development
Is attentive			
Listens in a group			
Contributes to group discussion			
Follows directions			
Works cooperatively			
Can focus on one task			
Completes tasks			
Respects class routines			
Is curious			
Is willing to try new activities			
Is a self-starter			
Enjoys new challenge			
Exhibits problem-solving skills			
Expresses ideas well			
K and Grade 1 only – beginning reading skills			
K and Grade 1 only – beginning math skills			

Personal Characteristics: Please describe the child in your own words, in terms of personality, maturity, confidence, independence, etc. Feel free to use a separate sheet to include any additional comments.

Parent Cooperation and Involvement with the School: (Please describe)

Date: _____

Thank you for your time and thoughtful consideration of this applicant.

This form is endorsed by all AIMS (Association of Independent Maryland Schools) schools. For a complete list of member schools, please visit: www.aimsmd.org