

# Kindergarten-First Grade Teacher Evaluation

ROLLING HILLS COUNTRY DAY SCHOOL  
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**To the teacher or school director**

We appreciate your cooperation in completing this form. It provides a way to become better acquainted with the applicant and is reviewed with the full awareness that young children are constantly changing and developing. Please note the way we place particular value on your comments in each area and that this data is strictly confidential. *(Please mail this directly to our school.)*

Name of student \_\_\_\_\_ Birthdate \_\_\_\_\_

Days per week enrolled \_\_\_\_\_ Hours per day \_\_\_\_\_

Size of group \_\_\_\_\_ Age range \_\_\_\_\_

SOCIAL DEVELOPMENT	Please ✓ one			
	SECURE	DEVELOPING	BEGINNING	NEEDS WORK
Can be a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes direction from parents/teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits appropriate sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembers and follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on the above \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please continue on reverse side.

<b>SKILL DEVELOPMENT</b>	Please ✓ one			
	<b>SECURE</b>	<b>DEVELOPING</b>	<b>BEGINNING</b>	<b>NEEDS WORK</b>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem-solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is free of numeral/letter reversals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on the above \_\_\_\_\_  
 \_\_\_\_\_

<b>PHYSICAL DEVELOPMENT</b>	Please ✓ one		
	<b>OUTSTANDING</b>	<b>AGE-APPROPRIATE</b>	<b>NEEDS DEVELOPMENT</b>
Small-muscle control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large-muscle control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(language and vocabulary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on the above *(please identify special needs, including auditory and visual development)*  
 \_\_\_\_\_

<b>PARENTAL INVOLVEMENT</b>	<b>OUTSTANDING</b>	<b>GOOD</b>	<b>FAIR</b>	<b>NO BASIS FOR JUDGEMENT</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We welcome any other information you think would be helpful. Please include comments concerning strengths, challenges, health, or any special needs concerns regarding this child and/or family. You may use a separate sheet of paper for further comments in any category. Thank you for your assistance.

I have known this child \_\_\_\_\_ years, \_\_\_\_\_ months. Evaluator's name \_\_\_\_\_  
 Title \_\_\_\_\_ School name \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_