

Elementary School Evaluation Form (To be completed by child's teachers)

In order to understand and be most helpful to your current student, we would like the following information. Your judgments will be used solely for the admission process and held in the strictest of confidence.

Name of Student: _____

Name of Preschool: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: () _____ **Date:** _____

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We greatly appreciate your taking the time and effort to complete and return this form. Your insights and observations are important to all of us. Please know that the professional comments you share will be held in the strictest confidence and we thank you in advance for your assistance and cooperation.

Social and Emotional Development	Mature	Age Appropriate	Still Developing	Immature
Ability to focus on a task				
Ability to work alone				
Ability to work in a group				
Relationships with peers				
Relationships with adults				
Self image				
Overall personality				
Self-motivation				
Independence				

Physical/ Motor Skills	Mature	Age Appropriate	Still Developing	Immature
Fine motor control				
Gross motor control				
Hand/ Eye Coordination				

Academic Performance	Above Grade Level	Performs at Grade Level	Below Grade Level
Language Arts			
Math			
Foreign Language			

Additional Comments on Academic Development

Special Talents, Strengths, Interests

Special Needs or Challenges

Please comment on child's overall maturity and readiness for _____ grade

Signature: _____ Print name: _____

Title or position: _____

Telephone: _____ Best Time to Call: _____