



# Teacher/Director Evaluation Form Kindergarten-Prep

**To Parent:** Please complete this section and deliver this form to your child's teacher. Include an addressed and stamped envelope to **Mt. Bethel Christian Academy, Office of Admission, 4385 Lower Roswell Road, Marietta, GA 30068**. The evaluator will mail these forms directly to the Admission Office.

Child's Name \_\_\_\_\_ Goes by \_\_\_\_\_  
First Middle Last

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Applying for Grade \_\_\_\_\_ School Year 20\_\_\_\_\_ to 20\_\_\_\_\_

Child's Current School \_\_\_\_\_

Address of Current School \_\_\_\_\_

School Telephone \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date

**To Teacher:** Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence. Please complete and return this form within seven days to **Mt. Bethel Christian Academy, Office of Admission, 4385 Lower Roswell Road, Marietta, GA 30068**.

Please indicate your rating by marking an X where appropriate  
 Please comment below if improvement needed.

	Excellent	Above Average	Average	Below Average	Improvement Needed*
Vocabulary age appropriate					
Participation in class					
Fine motor coordination					
Gross motor development					
Ability to follow instructions					
Works well independently					
Exhibits self-control					
Maturity level age appropriate					
Emotional stability					
Treats peers with respect					
Conduct / behavior					
Intellectual curiosity					
Shows respect for authority					

\*Improvement needed comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the applicant at an advanced or remedial level? \_\_\_\_\_

What are your comments regarding the ability for this applicant to achieve success in a traditional classroom setting with a teacher, a paraprofessional and approximately fifteen students? \_\_\_\_\_

Has this applicant ever participated in a program for special needs (i.e. programs for learning disabilities, behavior disorders, develop mental delays, speech / language, or gifted, etc.)? Please indicate, also, if the applicant has ever been or should be referred to such a program or service. \_\_\_\_\_

Is this student in good standing in your school? If not, please explain. \_\_\_\_\_

Would you consider this applicant to have any discipline concerns or recurring behavior issues?  Yes  No  
If yes, please explain. \_\_\_\_\_

Describe the type of classroom environment in which this child would perform at his / her best. \_\_\_\_\_

Is there anything else a classroom teacher would need to know regarding the best instructional environment or placement for this child?  
\_\_\_\_\_

	YES	NO		YES	NO
Is the child toilet trained (consistently without accidents)?			Is the child a leader?		
Does the child identify the basic colors by name?			Is the child a follower?		
Does the child identify the basic shapes by name?			Is the child easily distracted?		
Does the child draw the basic shapes on his / her own?			Is the child easily angered?		
Can the child recite the alphabet?			Has this child ever displayed aggressive behavior?		
Does the child willingly share with others?			Does this child exhibit separation anxiety?		
Can this child sit in "circle time" and listen attentively?			Does this child demand more than his / her fair share of time?		
Does this child transition well to different activities during the day?			Does the child frequently interrupt other children in activities?		
What number can the child count to independently?					

Please comment on degree and type of parental involvement: \_\_\_\_\_

In what capacity and how long have you known this child? \_\_\_\_\_ Title \_\_\_\_\_

If the need arises, may we contact you to discuss the applicant further? \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Email \_\_\_\_\_

PRINT NAME OF TEACHER/DIRECTOR

SIGNATURE OF TEACHER/DIRECTOR