

# Mt. Bethel Christian Academy

## MT. BETHEL CHRISTIAN ACADEMY

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 Marietta, Georgia 30068  
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[www.mtbethelchristian.org](http://www.mtbethelchristian.org)

*Atlanta Area Association of  
 Independent Schools (AAAIS)*  
**KINDERGARTEN**  
**Confidential Teacher**  
**Evaluation Form**

**To Parent:** Please print or type this section and deliver this form to your child's teacher. Include an addressed and stamped envelope to the schools where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Admissions Office after January 1 but no later than March 1, 2007.

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

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Applying for Grade \_\_\_\_\_ Beginning Fall 2007

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

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

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

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

**To Principal or 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 **after January 1 but no later than March 1, 2007.**

Please check all terms that are TYPICAL and comment if needed:

- |                         |  |   |   |  |
|-------------------------|--|---|---|--|
| Social Development:     | <input type="checkbox"/> Plays with others       | <input type="checkbox"/> Initiates activity   | <input type="checkbox"/> Exhibits independence            | <input type="checkbox"/> Responds positively to correction               |
|                         | <input type="checkbox"/> Plays alone             | <input type="checkbox"/> Stands up for right  | <input type="checkbox"/> Follows rule                     |  |
|                         | <input type="checkbox"/> Takes the lead          | <input type="checkbox"/> Shares               | <input type="checkbox"/> Follows others                   |  |
| Emotional Development:  | <input type="checkbox"/> Happy                   | <input type="checkbox"/> Confident            | <input type="checkbox"/> Adaptable                        | <input type="checkbox"/> Withdrawn                                       |
|                         | <input type="checkbox"/> Controlled              | <input type="checkbox"/> Receptive            | <input type="checkbox"/> Hostile                          | <input type="checkbox"/> Angry   |
|                         | <input type="checkbox"/> Content                 | <input type="checkbox"/> Even-tempered        | <input type="checkbox"/> Nervous                          | <input type="checkbox"/> Aggressive                                      |
|                         | <input type="checkbox"/> Flexible                | <input type="checkbox"/> Shy/reserved         |   |  |
| Work Habits:            | <input type="checkbox"/> Works independently     | <input type="checkbox"/> Focuses              | <input type="checkbox"/> Completes tasks                  | <input type="checkbox"/> Drifts  |
|                         | <input type="checkbox"/> Works in a group        | <input type="checkbox"/> Listens intently     | <input type="checkbox"/> Is persistent                    | <input type="checkbox"/> Transitions from one activity to another easily |
|                         | <input type="checkbox"/> Follows directions      | <input type="checkbox"/> Organizes            | <input type="checkbox"/> Is distractible                  |  |
| Non-verbal Development: | <input type="checkbox"/> Recognition of patterns | <input type="checkbox"/> Attention to details | <input type="checkbox"/> Visual sequencing                |  |
|                         | <input type="checkbox"/> Interest in puzzles     | <input type="checkbox"/> Spatial awareness    | <input type="checkbox"/> Draws self-portrait              |  |
|                         | <input type="checkbox"/> Interest in building    | <input type="checkbox"/> Can classify         | <input type="checkbox"/> Left-right orientation/awareness |  |

*Please comment:*

Areas in which the child excels:

\_\_\_\_\_

\_\_\_\_\_

Area in which the child has the greatest needs:

\_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_

Please check your assessment of the applicant in each category for applicant's age level and comment below on any areas of concern.

<u>Social/Emotional Development</u>	<u>Outstanding</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
Interaction with adults	€	€	€	€
Interaction with peers	€	€	€	€
Eye contact when speaking to others	€	€	€	€
Play behavior	€	€	€	€
Social Problem Solving	€	€	€	€
Self-confidence	€	€	€	€
Self-control	€	€	€	€

<u>Language/Communication Skills</u>				
Speaks in complete sentences	€	€	€	€
Writes in complete sentences	€	€	€	€
Uses appropriate vocabulary	€	€	€	€
Articulates words	€	€	€	€
Follows directions	€	€	€	€
Sequences events	€	€	€	€
Responds appropriately during group activities	€	€	€	€

*Physical Development*

Gross Motor (balance, movement through space)	€	€	€	€
Fine Motor (hand-eye coordination, zips, buttons, stacks, cuts, hand dominance, pencil grip)	€	€	€	€

*Attitude Toward School*

Eager and curious about learning	€	€	€	€
Responds positively to correction	€	€	€	€
Observant	€	€	€	€
Creative	€	€	€	€

Comments on above: \_\_\_\_\_

\_\_\_\_\_

Are absences excessive? € Yes € No Are tardies excessive? € Yes € No If Yes, please comment.

Please check those parental support terms that are typical:

- € Are cooperative
- € Are appropriately interested in education
- € Value child's uniqueness
- € Follow through with suggestions
- € Have realistic picture of child's ability

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: ( ) \_\_\_\_\_

\_\_\_\_\_

Print name of Teacher

Signature of Principal or Director