



MT. BETHEL CHRISTIAN
ACADEMY

Teacher/Director Evaluation Form Junior Kindergarten

To the 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 the 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 check all terms that are TYPICAL and comment if desired in Comment section.

| | | | | |
|-------------------------|--|---|---|--|
| 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 rules | |
| | <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 Withdrawn |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 | |

Areas in which the child excels: _____

Area in which the child has the greatest needs: _____

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

Please check those parental support terms that are typical:

- | | |
|--|--|
| <input type="checkbox"/> Are cooperative | <input type="checkbox"/> Follow through with suggestions |
| <input type="checkbox"/> Are appropriately interested in education | <input type="checkbox"/> Have realistic picture of child's ability |
| <input type="checkbox"/> Value child's uniqueness | |

Please comment on degree and type of parental involvement: _____

SOCIAL/EMOTIONAL DEVELOPMENT

Outstanding

Above Average

Average

Below Average

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Interaction with adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interaction with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye contact when speaking to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Play behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Problem Solving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LANGUAGE/COMMUNICATION SKILLS

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Speaks in complete sentences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes in complete sentences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses appropriate vocabulary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Articulates words | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sequences events | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds appropriately during group activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PHYSICAL DEVELOPMENT

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Gross Motor (<i>balance, movement through space</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine Motor (<i>hand-eye coordination, zips, buttons, stacks, cuts, hand dominance, pencil grip</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ATTITUDE TOWARD SCHOOL

| | | | | |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Eager and curious about learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds positively to correction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Observant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

READING READINESS

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Identifies 8 basic colors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Begins to hear rhyming words | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognizes upper case letters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognizes lower case letters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Makes connections between letters and their sounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MATH READINESS

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Recognizes basic shapes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognizes numeral 1-10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognizes numerals 11-20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Matches objects with one-to-one correspondence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments on above: _____

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