



MT. BETHEL CHRISTIAN
ACADEMY

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- Emotional Development: Happy Confident Adaptable Withdrawn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

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

Please comment on degree and type of parental involvement: _____

<u>SOCIAL/EMOTIONAL DEVELOPMENT</u>	<u>Outstanding</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
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 (balance, movement through space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor (hand-eye coordination, zips, buttons, stacks, cuts, hand dominance, pencil grip)	<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