



EARLY CHILDHOOD TEACHER EVALUATION FORM
FOR CHILDREN APPLYING TO KINDERGARTEN

Teachers: Please complete and return the form directly to St. John the Baptist 10956 SE 25th Ave, Milwaukie, OR 97222, Fax to 503-654-8419, OR return to the parent in a sealed envelope. Information you submit will be considered confidential and will not be shared with parents.

Applicant's Name: _____ Current School/Daycare: _____

School address _____ School phone _____

Teacher name _____ E-mail _____

Applicant attends: _____ days per week, _____ hours per day

How long have you known this child and in what capacity?

Use 3-5 adjectives to describe this child _____

What, if anything, frustrates this child and how does he/she respond?

Please list a few of the child's strengths:

Please describe any significant areas of concern:

Please comment on the child's academic skills:

Have the parent expectations and perceptions of their child been in alignment with yours and the school's? Yes No

Comments:

Teacher signature

Date