

CONFIDENTIAL TEACHER EVALUATION FORM

For Students Applying to Sandy Spring Friends School and Entering Second through Fifth Grade

Child's Name _____ Applicant for Grade _____

To the Teacher: We appreciate your cooperation in completing this form for the student above who has applied to our school. After completing this form, we recommend that you make a copy for your records. Then please mail the original to the Admissions Office in the envelope provided for that purpose. All information received from you is confidential and will be shared only with the Admissions Committee. If you have questions or would like to provide additional information, please call Linda Cooper at 301-774-7455, ext. 115. Thank you for your time and honest appraisal.

Name of person completing this form _____
(please print) (signature)

Name of school where you teach or taught the applicant _____

I am the current or previous teacher. Grade or subject(s) I teach or taught the applicant _____

I have known this applicant for ____ months or ____ years. Date of this reference _____

May we contact you for further information? ____ Best time to reach you? _____ Telephone # _____

Please circle the words below that best describe this applicant:

- | | | | | | | |
|---------------|-------------|--------------|-------------------|---------------|-------------------|------------|
| independent | quiet | cheerful | self-disciplined | impulsive | passive | creative |
| self-centered | shy | irritable | compassionate | manipulative | aggressive | articulate |
| enthusiastic | loner | helpful | positive leader | conscientious | generous | follower |
| responsible | social | well-liked | negative leader | organized | perfectionist | respectful |
| anxious | distracting | distractible | attention-seeking | disorganized | easily frustrated | bossy |

Please describe the child in terms of the following categories compared to other children of the same age.

Self-Motivation and Concentration

Is this child interested and engaged in the learning process? Yes No Please comment:

Can this child sit appropriately during a group meeting time for 15-20 minutes? Yes No If no, please elaborate:

Emotional Development

Is this child able to talk about her or his feelings and/or needs? Most of the time Some of the time Seldom

Does this child handle conflict appropriately? Most of the time Some of the time Seldom

Please comment:

Physical Development

This child's fine motor control is: Solid Developing In need of attention

With regards to gross motor movement and risk-taking this child is: Comfortable Hesitant Fearful

Please comment:

Social Compatibility

This child interacts with peers appropriately Most of the time Some of the time Seldom
This child interacts with adults appropriately Most of the time Some of the time Seldom
Please comment:

Language Skills

Is this child reading and writing at a developmentally appropriate level? Yes No
Please elaborate on his or her abilities as a reader and writer:

Math Skills

Is this child a confident math student? Yes No
Is this child progressing in math at a developmentally appropriate pace? Yes No
Please comment on this child's understanding of math concepts and on her or his computational and problem solving abilities:

Please comment briefly on each of the following regarding this applicant:
The ideal classroom environment in which he or she would be most successful

Particular strengths

Areas of concern

Has the applicant been evaluated for any physical, emotional, or academic reason? Yes* No Don't know
Is the applicant currently on medication? Yes* No Don't know
Have you observed any signs of learning disabilities? Yes* No

* If yes to any of the above, please explain:

Please describe the parent(s) degree of cooperation and involvement with your school: