



# TEACHER EVALUATION FORM

## Entering Kindergarten

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
 (Please Print) *First Name* *Last Name*

The above student is a candidate for admission to The Master's Academy, a non-denominational, community Christian school. We would appreciate your observations about the areas listed below. If you wish to discuss the student personally rather than complete this form, please check here ( ), sign the form, and note your telephone number. The school principal will contact you.

<i>Please check the appropriate boxes</i>	<b>Developmentally Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not Observed/ No Interest Shown</b>
<b>SOCIAL DEVELOPMENT</b>				
Plays/works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays self control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has adequate attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays/works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands/follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PHYSICAL DEVELOPMENT</b>				
Dresses self (buttons/zips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds crayon/pencil correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts with scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walks, runs, jumps, climbs well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can catch, bounce, throw a ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows partiality to left; right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONAL DEVELOPMENT</b>				
Knows full name, age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows phone number, address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LANGUAGE DEVELOPMENT</b>				
Speaks clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pronounces words clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes letters of alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associates sounds with letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can print own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms letters correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works from left to right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in stories/books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NUMBER DEVELOPMENT</b>				
Counts 10 objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counts to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can classify objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please comment on overall academic ability _____				

Has the student had discipline or attendance (tardiness) problems? \_\_\_\_\_

Has the student ever been tested or received special help for social, emotional or academic difficulties?  Yes  No *If yes, please explain:* \_\_\_\_\_

Is the student in good standing and eligible to return to your school for the next grade level?  Yes  No

How would you rate the parent's cooperation/involvement?  Very cooperative  Usually cooperative  Rarely cooperative

Disinterested  Never had any communication with them

Please describe child's personality (shy, outgoing, immature, etc.) \_\_\_\_\_

Overall recommendation for child regarding kindergarten enrollment \_\_\_\_\_

Teacher Name \_\_\_\_\_ Phone \_\_\_\_\_

After completion, mail/fax/email to: The Master's Academy, Attn: Admissions, 1500 Lukas Lane, Oviedo, FL 32765

Phone: 407-971-2221 Fax: 407-706-0254 Admissions@MastersAcademy.org