



K4 & KINDERGARTEN EVALUATION FORM FOR TEACHERS

TEACHERS: Your completion of this form is an important part of the admissions process and we value your candid insights and observations. It is important that the student's next school placement be appropriate for the student and family. Although each school may vary in the emphasis that it places on the areas in this form, Killian Hill Christian School is interested in the descriptive profile, which this form provides. Please know that the professional comments you provide will be held in the strictest confidence. After completing this form, we ask that the individual completing this form email it to Patty Hilliard at philliard@khcs.org. Thank you very much.

Name of Student	Current School	Date
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Teacher Completing This Form

CHECK THE COLUMN THAT CONSISTENTLY DESCRIBES THIS STUDENT:

LANGUAGE DEVELOPMENT	Consistently	Often	With Teacher Support	Currently Not Demonstrated
Articulates clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows conversations and responds appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits a growing vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows multi-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL/EMOTIONAL/ INTELLECTUAL DEVELOPMENT	Consistently	Often	With Teacher Support	Currently Not Demonstrated
Separates from parent(s)/ caregiver(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates ideas, needs and feelings appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows empathy and care for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates the capacity to form friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates the ability to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL/EMOTIONAL/ INTELLECTUAL DEVELOPMENT	Consistently	Often	With Teacher Support	Currently Not Demonstrated
Understands/follows social cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts limits and redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions appropriately between activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerates frustrations/not prone to temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses classroom materials respectfully and purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an appropriate attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes one task before starting another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to structured environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL AND PERSONAL DEVELOPMENT	Consistently	Often	With Teacher Support	Currently Not Demonstrated
Fine motor coordination (puzzles, lacing, scissors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate pencil grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor coordination (climbing, hopping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has sense of body in classroom and outdoor space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an ability to self-regulate/control impulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dresses self (puts on/takes off sweater, shoes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible for personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in outdoor group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates independence and self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes care of basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION	Consistently	Usually	Seldom
Participates in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with school personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School forms are completed promptly/returned in folder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents' perception of child is consistent with school's
Positive response to teacher feedback
Supports school/classroom systems and expectations (i.e. arrives on time, follows through with school requests)

Handedness established? Yes No If yes, which hand: Right Left
Usually takes role of Leader Follower

Does this student have an Individualized Education Program (IEP)? Yes No

How long have you known this student? _____

How long has this student been at your school? _____

Is this student half day or full day?

How many days per week does this student attend? _____

Is this student ready for a full-time kindergarten program? Yes No

Please share any comments related to areas of concern: _____

Please share any speech, language, or auditory development concerns: _____

Please share any inappropriate behavior concerns: _____

Please share any information regarding the family that would be helpful:

If we have additional questions, may we call you? Yes No

Teacher Signature

Phone Number

Date

Email Address

School Name