

## K-1 TEACHER INFORMATION FORM

STUDENT NAME: \_\_\_\_\_ RETURN BY: \_\_\_\_\_

The child named above is a candidate for admission to The Greensboro Montessori School. We would appreciate your candid evaluation of this student in the areas below. The child's parents are aware that we request such an evaluation of this applicant and additional have been informed that your comments will be held confidential. Please return this Information Form to the Admission Office by the date above. Thank you for your time and effort.

### Explanation of Continuum

S = Superior E = Excellent G = Good F = Fair P = Poor

1. Please rate this applicant on the following characteristics, if applicable:

<b>SOCIAL SKILLS</b>	<b>S</b>	<b>E</b>	<b>G</b>	<b>F</b>	<b>P</b>
Participates in group activities					
Enters new activities enthusiastically					
Respects feelings and property of others					
Responds to environment with minimal anxiety					
Expresses him/herself effectively					
Solves problems without verbal or physical aggressions					
Interacts well with peers in unstructured play					
Makes the transition easily from one activity to another					
Is able to wait his/her turn					
<b>OVERALL SOCIAL PROFILE</b>					

<b>EMOTIONAL DEVELOPMENT</b>	<b>S</b>	<b>E</b>	<b>G</b>	<b>F</b>	<b>P</b>
Separates easily from parents					
Requires minimal reassurance or attention from teacher					
Appears relaxed and open with others					
Is not overly fearful					
Is confident with peer relationships					
Stands up for his own rights					
Accepts limits imposed by adults					
Uses classroom materials responsibly					
Speaks or behaves with minimal impulsivity					
Self-monitors behavior					
<b>OVERALL EMOTIONAL PROFILE</b>					

<b>EDUCATIONAL SKILLS</b>	<b>S</b>	<b>E</b>	<b>G</b>	<b>F</b>	<b>P</b>
Follows directions					
Follows established classroom routines					
Attends to tasks					
Has appropriate listening skills					
Maintains attention in group					

<b>CHARACTERIZE THIS CHILD'S:</b>	<b>S</b>	<b>E</b>	<b>G</b>	<b>F</b>	<b>P</b>
Large motor skills					
Small motor skills					
General knowledge					
Vocabulary development					
Speech articulation					

2. Please comment on this student's:

Preference for handedness: \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Not established

Can count to: \_\_\_\_\_ Can write name? \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_

Please comment on child's language development: \_\_\_\_\_

\_\_\_\_\_

3. What are the child's:

Strengths : \_\_\_\_\_

\_\_\_\_\_

Weaknesses : \_\_\_\_\_

\_\_\_\_\_

Special Needs : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. To your knowledge, has this student received any resources help, evaluations, or special services for either enrichment or remedial purposes? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

5. Recommend placement for next year: \_\_\_\_\_ 4yr. \_\_\_\_\_ 5 yr. \_\_\_\_\_ Pre-K \_\_\_\_\_ K \_\_\_\_\_ 1<sup>st</sup>

6. Have you shared this placement recommendation with the parents? \_\_\_\_\_ yes \_\_\_\_\_ no

7. I recommend this candidate: \_\_\_\_\_ Enthusiastically \_\_\_\_\_ Confidently \_\_\_\_\_ With reservation \_\_\_\_\_ Do not recommend

ADDITIONAL REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Teacher completing this form (*please print*): \_\_\_\_\_

Teacher signature: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School Phone : \_\_\_\_\_ Date completed: \_\_\_\_\_

**This form has been approved for use by the following schools. Please complete and mail a copy of the form to the Admission Office of the circled school(s):**

**Greensboro Day School**  
PO Box 26805  
Greensboro, NC 27429-6805

**Canterbury School**  
5400 Old Lake Jeanette Rd.  
Greensboro, NC 27455-1322

**Greensboro Montessori School**  
2856 Horse Pen Creek Rd.  
Greensboro, NC 27410

**New Garden Friends School**  
1128 New Garden Road  
Greensboro, NC 27410

**Caldwell Academy**  
2900 Horse Pen Creek Rd.  
Greensboro, NC 27410

**Westchester Academy**  
204 Pine Tree lane  
High Point, NC 27265