



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:

SOCIAL SKILLS	S	E	G	F	P
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					
OVERALL SOCIAL PROFILE					

EMOTIONAL DEVELOPMENT	S	E	G	F	P
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					
OVERALL EMOTIONAL PROFILE					

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

CHARACTERIZE THIS CHILD'S:	S	E	G	F	P
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 _____ 1st

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: _____