

國際學校



インターナショナル スクール

TEACHER EVALUATION FORM (Academy Pk2-Pk5)

STUDENT'S NAME _____

Birthday: _____ Age: _____ Gender: _____

Grade applying to: _____ Beginning Term: _____

Please have the student's Principal/Teacher complete this evaluation as a partial requirement of your application. The evaluator should forward this form directly to the school in a stamped, self-addressed envelope provided by the parent.

Student's current school: _____

School address: _____ Phone: _____

Signature of Parent/Legal Guardian: _____ Date: _____

SOCIAL

- | | | | |
|------------------------|---|---|--|
| Shy | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Cooperative | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Friendly | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Confident | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Hyperv verbal | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Shares | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Asks questions | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Seeks help when needed | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Plays alone | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Plays with others | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Takes the lead | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Follows others | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |

EMOTIONAL

- | | | | |
|----------------------------|---|---|--|
| Happy | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Confident | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Displays self control | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Maturity normal for age | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Fidgets | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Attentive | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Easily distracted | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Seeks attention positively | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Withdrawn | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Nervous | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Aggressive | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |
| Angry | <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |

Adaptable	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Receptive to feedback	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time

DEVELOPMENTAL

Expresses language well	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Kicks, jumps, hops	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Uses fingers to grasp	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Cuts with scissors	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Appropriate pencil grasp	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Able to write	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Spatial awareness	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Able to lace/bead	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Interest in arts and crafts	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Interest in building	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Interest in puzzles	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Interest in drawing	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time

BEHAVIORAL

Displays self-control	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Resolves conflicts positively	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Follows rules	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Respects property	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Respects others	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Listens well	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Oppositional/Defiant	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time

ACADEMICS

Please check all that apply.

Language

Speaks in complete sentences
 Names people or objects
 Pronounces words
 Stays on topic
 Understands directions
 Retells what has been said
 Interest in books/stories
 Uses appropriate grammar
 Uses words correctly in conversation
 Sequences events
 Below grade level language skills
 Can complete these tasks in other languages: _____

Reading

Retains new vocabulary
 Reads phonetic words
 Reads irregular sight words
 Identifies sounds/ blends sounds into words
 Demonstrates comprehension of sentences/stories
 Left/right orientation awareness
 Below grade level reading skills
 Can complete these tasks in other languages: _____

Written Expression

Names, copies, or writes letters
 Completes written assignments to grade expectations
 Holds writing instruments
 Frequent letter, number, and symbol reversals
 Copies /traces accurately
 Draws familiar shapes
 Remembers shapes of letters, numbers, symbols
 Even spaces between letters and words
 Stays on the lines when copying/tracing
 Left/right orientation awareness
 Writes in complete sentences
 Below grade level writing skills
 Can complete these tasks in other languages: _____

Math
 Comfortably counts aloud
 Can classify/sort
 Recognizes numbers
 Matches number symbol to corresponding objects
 Visual Sequencing
 Adds single digits
 Subtracts Single digits
 Multiplies single digits
 Counts by other numbers (2's, 5's, 10's)
 Tells time or conceptualizes the passage of time

Below grade level math skills Can complete these tasks in other languages: _____

Work Habits

- Works alone Works in a group Completes tasks Transitions from activities well Persistent
 Easily distracted Focuses Organized Enthusiastic about learning

PARENTAL

- | | | |
|---|------------------------------|-----------------------------|
| School work is affected by frequent unexcused absences. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| School work is affected by frequent unexcused tardies. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| School work is affected by frequent checkouts. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parents are generally involved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parents generally follow through with suggestions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parents are cooperative | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parents have realistic picture of child's ability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Areas in which the child excels: _____

Areas requiring support: _____

Other Comments: _____

In what capacity and how long have you known the student: _____

May we contact you for additional information if needed? _____ Telephone: _____

Print Evaluator's Name/Title: _____

Evaluator's Signature: _____ Date: _____

Thank you for your time and attention in evaluating the student noted above. Your appraisal is appreciated and will afford us a comprehensive and fair evaluation of the student. Upon completion, please forward this form in its entirety to the following address in the self-addressed and stamped envelope enclosed:

**OMNI International School
3940 Cascade Rd.
Atlanta, GA 30331**