

國際學校



インターナショナル スクール

TEACHER EVALUATION FORM (Upper School)

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
Great use of motor skills	<input type="checkbox"/> None of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> All of the time
Great use of fine motor skills	<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
Writes appropriate for age	<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
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 Enunciates words Stays on topic when conversing 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 Above grade level language skills Can complete these tasks in other languages: _____

Reading

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

Written Expression

Names, copies, or writes letters/sentences 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 Above grade level writing skills Can complete these tasks in other languages: _____

Math Can classify/sort Visual Sequencing Adds single digits Subtracts Single digits Adds double digits and more Subtracts double digits and more Multiplies single digits Multiplies double digits Counts by other numbers (2's, 3's, 4's, 5's, 10's) Completes division Completes algebraic equations

- Tells time or conceptualizes the passage of time
 Completes word problems with ease
 Familiar with percentages/decimals
 Familiar with fractions
 Familiar with angles i.e. right, obtuse, acute
 Below grade level math skills
 Above 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