

Atlanta Area Association of Independent Schools (AAIS) & JATP
K-3, K-4, and Pre-First Teacher Evaluation Form

To Parent: Please print or type this section and deliver this form to your child's teacher. Include an addressed and stamped envelope to the schools where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Admissions Office no later than January 15.

Child's Name: _____ Date of Birth _____
(First) (Middle) (Last)

First Name Used _____ Male Female Applying for Grade _____ Beginning Fall 20 _____

Applicant's Current School: _____

Address of Current School: _____

(City) (State) (Zip) Telephone (____) _____

Signature of Parent or Legal Guardian

Date

Principal or Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

Please check all terms that are TYPICAL and comment if needed:

- | | | | | |
|--------------------------------|--|---|---|--|
| Social Development: | <input type="checkbox"/> Plays with others | <input type="checkbox"/> Initiates activity | <input type="checkbox"/> Exhibits independence | <input type="checkbox"/> Responds positively to correction |
| | <input type="checkbox"/> Plays alone | <input type="checkbox"/> Stands up for rights | <input type="checkbox"/> Follows rules | |
| | <input type="checkbox"/> Takes the lead | <input type="checkbox"/> Shares | <input type="checkbox"/> Follows others | |
| Emotional Development: | <input type="checkbox"/> Happy | <input type="checkbox"/> Confident | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Withdrawn |
| | <input type="checkbox"/> Controlled | <input type="checkbox"/> Receptive | <input type="checkbox"/> Hostile | <input type="checkbox"/> Angry |
| | <input type="checkbox"/> Content | <input type="checkbox"/> Even-tempered | <input type="checkbox"/> Nervous | <input type="checkbox"/> Aggressive |
| | <input type="checkbox"/> Flexible | <input type="checkbox"/> Shy/reserved | | |
| Work Habits: | <input type="checkbox"/> Works independently | <input type="checkbox"/> Focuses | <input type="checkbox"/> Completes tasks | <input type="checkbox"/> Drifts |
| | <input type="checkbox"/> Works in a group | <input type="checkbox"/> Listens attentively | <input type="checkbox"/> Is persistent | <input type="checkbox"/> Transitions easily from one activity to another |
| | <input type="checkbox"/> Follows directions | <input type="checkbox"/> Organizes | <input type="checkbox"/> Is distractible | |
| Non-verbal development: | <input type="checkbox"/> Recognition of patterns | <input type="checkbox"/> Attention to details | <input type="checkbox"/> Visual sequencing | |
| | <input type="checkbox"/> Interest in puzzles | <input type="checkbox"/> Spatial awareness | <input type="checkbox"/> Draws self portrait | |
| | <input type="checkbox"/> Interest in building | <input type="checkbox"/> Can classify | <input type="checkbox"/> Left-right orientation/awareness | |

Please comment:

Areas in which the child excels: _____

Area in which the child has the greatest needs: _____

Additional comments: _____

Please turn over to complete evaluation

Child's Name: _____

Please check your assessment of the applicant in each category for applicant's age level and comment below on any areas of concern.

Social/Emotional Development

Outstanding

Above Average

Average

Below Average

Interaction with adults

Interaction with peers

Eye contact when speaking to others

Play behavior

Social Problem Solving

Self-confidence

Self-control

Language/Communication Skills

Speaks in complete sentences

Writes in complete sentences

Uses appropriate vocabulary

Articulates words

Follows directions

Sequences events

Responds appropriately

during group activities

Physical Development

Gross Motor

(balance, movement through space)

Fine Motor

(hand-eye coordination, zips, buttons, stacks, cuts, hand dominance, pencil grip)

Attitude Toward School

Eager and curious about learning

Responds positively to correction

Observant

Creative

Comments on above: _____

Are absences excessive? Yes No Are tardies excessive? Yes No If Yes, please comment.

Please check those parental support terms that are typical:

Are cooperative

Follow through with suggestions

Are appropriately interested in education

Have realistic picture of child's ability

Value child's uniqueness

Please comment on degree and type of parental involvement: _____

In what capacity and how long have you known this child? _____ Title: _____

If the need arises, may we contact you to discuss the applicant further? _____ Telephone: _____

Print name of Teacher

Signature