

Teacher Evaluation for Hilldale School Pre-Kindergarten Applicant



Name of Applicant: _____

Date of Birth: _____

Applying to Grade: _____

To the parent:

For the child named above, I give permission for you to release the information on this form to Hilldale School, and I understand that I will not be given access to this confidential information. In addition, I give my child's current staff permission to speak with the admissions staff at Hilldale School. All communications will remain confidential, and I will not have access to the content of the conversation or the information on this form. Please include a stamped envelope for the teacher.

Name of Parent/ Guardian (please print): _____

Date: _____

Parent Signature: _____

To the teacher:

Please do not accept this form until it is signed by the parent and includes a stamped envelope addressed to Hilldale School. All information will be held in confidence. Please keep a copy of this file for your records and mail the original to Hilldale School. We appreciate the time it takes to complete this form. Thank you!

How long have you known this child? _____

What is this child's primary language? _____

What languages does this child speak at home? _____ at school? _____

Is this child enrolled in a program where he/she is exposed to academics? YES NO

How often does this child attend your program? _____ (hours of day) _____ (days per week)

When did this child enter your program/school? _____ (month, year)

How do you describe the type of program/school? _____

What three words come to mind when you think of this child?

What has your overall experience been with the parents? POSITIVE NEGATIVE NEUTRAL

How involved with the school are the parents?
VERY SOMEWHAT A LITTLE NOT AT ALL

How responsive are the parents to teacher and administrative requests?
VERY SOMEWHAT A LITTLE NOT AT ALL

How punctual is the family with drop off and pick up?
VERY SOMEWHAT A LITTLE NOT AT ALL

Please check the level that is most accurate for this child on the day you are completing this form:

PRE-ACADEMIC	Not evident	Emerging	Age-Appropriate	Advanced	Exceptional
Speech is clear					
Vocabulary					
Fine Motor Coordination					
Draws figures					
Knows Numbers 1-10					
Knows uppercase alphabet					
Knows shapes					
Knows colors					
Gross Motor Coordination					
Interest in Academics					

SOCIAL	Not evident	Emerging	Age-Appropriate	Advanced	Exceptional
Self-Help Skills					
Self-Esteem					
Acceptance of Limits					
Sense of Humor					
Curiosity					
Attention span					
Ability to Follow Directions					
Handles Transitions Easily					
Able to play independently					
Able to play in a group					
Separation from Parents					
Interaction with Parents					
Respect for others' property					
Uses language to solve problems					
Demonstrates self control					
Personal Space Awareness					

What are the child's greatest strengths?

What are the child's greatest areas of challenge?

Briefly describe the child's day to day temperament.

Has this child been diagnosed with special needs?

YES

NO

NOT SURE

Do you have any concerns about possible learning challenges? If so, what specifically?

Do you recommend this child for admission into an **accelerated** program?

STRONGLY

YES, WITH RESERVATIONS*

NOT AT ALL

*If you have reservations, please list the primary reason(s):

Do you believe there is information that you could better relay over the phone?

YES

NO

School Phone:

Your Name:

Relationship to Student:

Date:

Your Signature:

School Name:

The Hilldale School

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