

Puddletown School

TEACHER'S EVALUATION & RECORDS REQUEST FORM

CONFIDENTIAL

Puddletown School

Instructions to caregivers: Please complete the top portion of this form. Submit this form to the Principal, Director, or teacher at your child's current school or care environment and ask that it be completed and returned to:

Attn: Admissions 7220 SE Cesar Chavez • Portland Oregon, 97202 Or scan and email to: puddletownoffice@gmail.com Learner's Last Name: First Name: Preferred Name: Current year/grade: _____ Grade/Program Applying to: _____ If applicable-Years in Montessori program: Thank you for completing this form on behalf of my child. Signature of Parent or 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 complete and return it to Puddletown School. Please also submit any relevant school documents such as the child's lesson record. Name of School: ______ Phone#: Address of School: Principal's/Head of School/Director's Name: ______ Teacher's Name: Person completing form: INFORMATION ON PERSON COMPLETING THIS FORM: How long have you known this child?______ In what capacity?____ If need arises, may we contact you to further discuss the applicant? If yes, please provide a phone number and time of day when you may be reached:

Evaluation of: Date: Slightly Exceeds Meets outside expectation expectation for expectation Atypical for AREAS OF ASSESSMENT for age for age age age Areas of Social/ Emotional Development Interactions with teachers Interaction with other adults Interaction with peers Responds positively to correction Respect for others Ability to follow a leader if necessary Temperament Follows rules Play/Interaction Behavior Plays/Interacts with others Plays/Interacts alone Shares Self-help/Independence Initiates activity Exhibits independence Self-confidence Leadership Stands up for rights Self-concept Self-control Anger control Self-confidence Language/Communication Skills Use of Language Uses appropriate vocabulary Articulates words Communication Use Follows direction Sequences events Responds appropriately in groups Physical Development Fine motor skills Spatial awareness Gross motor skills Attitude Toward School Eager to learn Curious Observant Creative Works independently Focuses Listens attentively Is organized Completes tasks Pays attention to detail Caregiver Assessment Level of cooperation Follow-through with suggestions Interest in child's education Realistic understanding of child's ability

Narrative Comments: Areas in which the child exce	eds:			
Areas of need:				
Additional Comments:				
If the child is currently enrolled	d in a Montessori program	describe the child's re	lationship to the curricul	um:
Signature:	Date:			

Degree of parental involvement