



**Confidential Teacher Evaluation Form for Early Childhood Program**

**To be completed by the teacher:** *We appreciate your thoughtful and candid evaluation. All information supplied by you is confidential. We are mindful that children are continuously developing and changing. Thank you for your time.*

Child's Name: \_\_\_\_\_

How long have you known the student?: \_\_\_\_\_

What grade(s)/program(s) did you teach him/her?: \_\_\_\_\_

Please comment on the following:

Relationship with adults:

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Relationship with peers:

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Participation in groups:

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Independence:

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Language and Communication Skills:

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Transition from one activity to another:

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Classroom Behavior:

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Ability to handle conflicts:

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Strengths and personality traits:

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Areas in which child needs help:

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**The Family of the Child:**

Are there any concerns about the student's attendance or promptness in arrival or departure?

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Does the family cooperate and communicate with classroom teachers, administration and respond to suggestions/guidance?

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To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?

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Is there participation and attendance in student and school wide activities and events (conferences, workshops, orientation, fundraisers)?

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Additional comments:

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*Thank you for your time and evaluation of the applicant.*

Teacher's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*May we contact you if we have questions? If so, best time to call:*

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please scan and return this form to:***

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