



# Manzano Day School

## Teacher Evaluation Form

### Applicants to Pre-k/K

**TO THE PARENT/GUARDIAN:** Complete the top portion of this form and give it to your child's current teacher.

Applicant: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

I hereby give permission to release the information on this form concerning my child. I acknowledge that **I will not have access to this confidential evaluation form.**

Name of Parent/Guardian	Signature of Parent/Guardian	Date
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**TO THE TEACHER:** Thank you for completing this form; it will assist us in evaluating if Manzano Day School's program fits this child's educational needs. We appreciate your candid response and consider it an important part of the candidate's application. **Parents/guardians will not have access to this confidential information.** You can email the completed form to [admission@manzanodayschool.org](mailto:admission@manzanodayschool.org), mail to the Admission Office (address at bottom of this page), or return to the applicant's parent(s) in an envelope with your signature across the seal. If you have any questions, please call Emily Villegas, Director of Admission.

Teacher's Name	Position	Phone
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School	How long have you known the child?
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Number of days per week	Length of school day
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Signature	Date
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**PLEASE CHECK THE CHARACTERIZATIONS THAT MOST NEARLY APPLY TO THE CANDIDATE:**

	STRENGTH	SATISFACTORY	MORE TIME NEEDED	AREA OF CONCERN
<b>TEACHER SUPERVISION</b>				
Follows directions				
Able to work in a group				
Is considerate of other children				
<b>ATTENTION</b>				
Concentrates on tasks requiring sustained attention				
Thinks or listens before acting				
<b>INDEPENDENCE</b>				
Follows through without assistance after directions				
Shows self-confidence				
<b>PERSISTENCE</b>				
Is willing to tackle difficult tasks				
Completes what he/she starts				
<b>ADAPTABILITY</b>				
Is comfortable in new situations				
Can handle change of routine				
<b>CREATIVITY</b>				
Thinks of several answers to a directed question				
Shows imagination				

	STRENGTH	SATISFACTORY	MORE TIME NEEDED	AREA OF CONCERN
<b>ACTIVITY LEVEL</b>				
Waits for turn in group situation				
Demonstrates age-appropriate self-control in classroom				
<b>PEER RELATIONSHIPS</b>				
Interaction with adults				
Interaction with children				

What are four adjectives that come to mind concerning this child?

**PHYSICAL DEVELOPMENT**

Small motor coordination (e.g., cutting, drawing, block building, handling of manipulative equipment) Large motor coordination (e.g., running, skipping, climbing, jumping, kicking/throwing a ball)

**HEALTH**

**ATTENDANCE**

**PLEASE COMMENT ON THE FOLLOWING**

1. Limitations, disabilities or special needs:

Has outside support been recommended?                      Been given?  
Please elaborate:

2. Parental expectations and /or attitude toward child

3. Child's strengths

4. Child's needs

5. Child's interaction with peers

6. How child handles transitions and frustrations

What kind of program would you like to see for this child?

**CIRCLE SPECIFIC RECOMMENDATION:**                      HIGHLY RECOMMEND                      RECOMMEND

RECOMMEND WITH RESERVATIONS                      PREFER NOT TO MAKE A RECOMMENDATION

Additional comments:

\_\_\_\_\_ Check here if any information pertaining to this child/family would be better communicated by phone.

*Thank you for your prompt reply.*

***Manzano Day School admits students without regard to religion, race, age, color, creed, gender, disability, sexual orientation, gender identification or ethnic background.***