



Confidential Teacher Evaluation Form for Students Entering Preschool

Student _____ Current School _____

Current Teacher Name _____

TEACHERS:

The information you provide is confidential. It is intended for Admissions use only and will not be a part of the applicant's permanent record. Please email the completed form to the Office of Admissions- lisa.appelbe@sfxphx.org.

PARENT/GUARDIAN CONSENT TO RELEASE INFORMATION:

To allow a candid assessment, I waive my right to examine this evaluation.

Parent/Guardian Signature: _____

Social/Emotional Behavior	Rarely	Sometimes	Often	Nearly Always
Works and plays cooperatively				
Respects others/good manners				
Accepts responsibility				
Exhibits self-control				
Relates well to adults				
Relates well to peers				
Shows confidence				

Work Habits and Attitude	Rarely	Sometimes	Often	Nearly Always
Shows initiative				
Persists/completes tasks independently				
Focuses/maintains attention over time				
Follows directions				
Cares for materials				
Shows interest in classroom activities				

Academic Skills	Rarely	Sometimes	Often	Nearly Always
Articulates appropriately for age				
Uses an adequate vocabulary				
Learns new skills/concepts readily				
Communicates ideas clearly				
Recalls specific story details				
Recognizes differences in size, shape, and quantity				
Recognizes letter/sound relationships				
Understands and uses number vocabulary				
Counts objects				

Physical Development	Less Developed	Age-Appropriate	More Developed
Fine Motor Skills			
Gross Motor Skills			

Student's greatest strength

Activities that appear difficult for this applicant

Please describe parent involvement

Please share any further information that may be helpful in educating this student.

Name of Teacher_____

Signature_____

School_____Grade_____

Number of years you have known the student_____

Phone Number_____

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