



# St. Theresa School

21370 St. Theresa Lane  
 Ashburn, VA 20147  
 703-729-3577  
 703-729-8068 fax

## Confidential Teacher Evaluation Form REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE

To the Parent/Guardian:

- Please submit this form to a teacher or director of the school your child currently attends, with a stamped envelope, addressed to St. Theresa School (Attention: Deena Lanier).
- I/we give permission for the preschool to release the information on this form to St. Theresa School. We understand that as parents we will not have access to this confidential information and that it will not become a part of our child's permanent record.

**Parent Signature:** \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ **Teacher Signature:** \_\_\_\_\_

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

I have known this student for \_\_\_\_\_ years, \_\_\_\_\_ months.

Student is enrolled in our school \_\_\_\_\_ days per week, \_\_\_\_\_ hours per day.

Your comments will be held in confidence. Thank you for your time and assistance.

### Mark all that most consistently describe this child:

<input type="checkbox"/> Positive member of the classroom	<input type="checkbox"/> Patient
<input type="checkbox"/> Responsive to classroom limits	<input type="checkbox"/> Defiant
<input type="checkbox"/> Responsive to teacher directions	<input type="checkbox"/> Positive interaction with peers
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Positive relationships with teachers
<input type="checkbox"/> Resilient	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Short-tempered	<input type="checkbox"/> Physically hurtful when frustrated
<input type="checkbox"/> Confident	<input type="checkbox"/> Hits or bites
<input type="checkbox"/> Observer	<input type="checkbox"/> Enthusiastic about learning
<input type="checkbox"/> Slow to warm up	<input type="checkbox"/> Other:

**EMOTIONAL DEVELOPMENT/APPROACH TO LEARNING:**

	Strong	Age Appropriate	Needs Development
Works and plays well with others			
Waits for turn, teacher's attention			
Participates in group activities			
Exhibits independent behavior			
Tries new activities of own choice			
Able to transition from activities			
Able to be redirected by the teacher			
Interacts with materials appropriately			
Accepts correction			

**LANGUAGE DEVELOPMENT:**

	Strong	Age Appropriate	Needs Development
Understands and follows oral directions			
Can communicate ideas, feelings, and needs			
Participates in discussions			
Speech is intelligible			
Do you know the language(s) spoken in the child's home?			

**OTHER:**

Child separates easily from parent at drop-off:      \_\_\_ yes    \_\_\_ no

Parent(s) support classroom systems and expectations:      \_\_\_ yes    \_\_\_ no  
(arrive on time, follow through with requests, etc.)

Parent(s) agree with your view of the child:      \_\_\_ yes    \_\_\_ no

Has this student ever been tested for any learning needs, or has such testing ever been suggested for this student?      \_\_\_ yes    \_\_\_ no

Has this student ever received special services, or have special services ever been suggested for this student?      \_\_\_ yes    \_\_\_ no

If "yes", please explain: \_\_\_\_\_