

Atlanta Area Association of Independent Schools (AAAIS) & JATP
Pre-Kindergarten, Kindergarten, or Pre-First Teacher Evaluation Form

To Parent: Please print or type this section and deliver this form to your child's teacher. Include an addressed and stamped envelope to the schools where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Admissions Office.

Child's Name: _____ Date of Birth _____

(First) (Middle) (Last)
First Name Used _____ Male Female Applying for Grade _____ Beginning Fall 20 _____

Applicant's Current School: _____

Address of Current School: _____

(City) (State) (Zip) Telephone (____) _____

Signature of Parent or Legal 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 check all terms that are TYPICAL and comment if needed:

Social Development: Plays with others Initiates activity Exhibits independence Responds positively to correction
 Plays alone Stands up for rights Follows rules
 Takes the lead Shares Follows others

Emotional Development: Happy Confident Adaptable Withdrawn
 Controlled Receptive Hostile Angry
 Content Even-tempered Nervous Aggressive
 Flexible Shy/reserved

Work Habits: Works independently Focuses Completes tasks Drifts
 Works in a group Listens attentively Is persistent Transitions easily from
 Follows directions Organizes Is distractible one activity to another

Non-verbal development: Recognition of patterns Attention to details Visual sequencing
 Interest in puzzles Spatial awareness Draws self portrait
 Interest in building Can classify Left-right orientation/awareness

Please comment:

Areas in which the child excels: _____

Area in which the child has the greatest needs: _____

Additional comments: _____

Please turn over to complete evaluation

