



St. Jude the Apostle School

Address: 32036 W. Lindero Canyon Road, Westlake Village, CA. 91361
 Phone: 818-889-9483 Fax: 818-889-1536 Website: www.stjudeschool.org
 Email: aarisohn@stjudeschool.org

Preschool Teacher Evaluation Form

Name of Student: _____

Preschool: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Date: _____

It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. Your insights and observations are greatly respected. Please know that the professional comments you share will be held in strictest confidence, and we thank you in advance for your assistance and cooperation.

Social/Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustration				
Separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				
Respectful to adults				
Follows classroom rules				

Does child exhibit aggressive/physical behavior toward other children?

Yes _____ No _____ Occasionally _____

If 'yes' or 'occasionally,' please explain: _____

Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Follows directions				

(Continued on back)

Physical Development	Mature	Age Appropriate	Needs Development	Immature
Fine motor control				
Gross motor control				

Handedness established: **Yes** _____ **No** _____

Family Information	Consistently	Usually	Sometimes	Rarely
Open communication with school				
Participation in school activities				
Cooperation with teachers				
Cooperation with administration				
Follows school rules and policies				
Has realistic expectations for their child				
Meets financial obligations in a timely manner				

Do you feel that this child is ready for a full-time Kindergarten program? (8:00 am – 2:45 pm)

Yes _____ **No** _____

How would you describe this child? _____

Additional comments: _____

First date of child's enrollment in your school: _____

How long have you known this child? _____

Signature: _____

Print name: _____

Title or position: _____

Telephone: _____

Your assessments are used solely for the admissions process and are held in strictest confidence. We thank you in advance for the help your comments provide.