

3420 Clayton Road East Fort Worth, TX 76116 (817) 732-0252 | FAX (817) 732-6601

Confidential Teacher Evaluation for Primary and Kindergarten Enrollment

Name of Applicant:						
First	Middle		Last			
Applying for: Primary (3-4 years)	Kinderg	jarten				
I waive my right of access to confidential information in my child's admission file.						
Printed Name of Parent/Guardian	Signature of Parent/Guardian					
The above named applicant has applied for admission to our school responses, along with standardized test scores, and other academic completed, please mail or fax the completed form to the attention of the action	c records will help us t	o determine the prop	per placement for the child. Once			
Early Academic Development Is attentive Follows directions Is willing to try new activities Works cooperatively Able to focus on one task Is intellectually curious Respects classroom rules Knows number concepts Reading readiness Receptive to instruction Comments	Above Average	Age Appropriate	Needs Development			
Language Skills Development Speaks in complete sentences Uses correct pronunciation and enunciation Comments	Above Average	Age Appropriate	Needs Development O			
Social/Emotional Development Separates easily from parent/caregiver Uses materials purposefully Exhibits self-control Uses good manners Plays cooperatively Respects boundaries Able to maintain composure Comments	Above Average O O O O O O O O O O O O O O O O O O	Age Appropriate O O O O O O O O	Needs Development O O O O O O O O O O O O O O O O O O			

Physical Development	Above Average	Age Appropriate	Needs Developme	nt
Gross motor control/coordination Fine motor control/coordination	0	0	0	
The motor control/coordination	O	O	O	
Comments				
Please identify the applicant's strengths and weakness	sses			
Additional Information				
Has the applicant's attendance/tardiness record beer	satisfactory?			
This are applicantes accentances tarantess record been	i satisfactory.			
Do the parents support the child and the school?				
bo the parents support the child and the school:				
To the appropriate of the shill appriate with				
Is the parent's perception of the child consistent with	i the schools understandin	ig of the child?		
Are there any other insights you would like to share a	about this candidate and/o	r family to help us	better evaluate th	em?
How long has the student been enrolled at the school	ol? How long h	ave you taught the	e student?	_
My professional recommendation for this applicant for	or Kindergarten admission:			
Recommend Reco	mmend with Reservation	Do N	lot Recommend	
May we contact you for additional information:	Yes No			
Best Time and Number to Call:				
Tooghay Nama (a)				
Teacher Name (s):				
School Name:				
School Address:				
Street	City		State	ZIP Code
School Phone:	Date:			

Montessori School of Fort Worth Admissions Office 3420 Clayton Road East Fort Worth, TX 76116 (817) 732-0252 | FAX (817) 732-6601