



PRESCHOOL TEACHER'S EVALUATION

VIEWPOINT SCHOOL

(If your child already attends kindergarten, please give this form to your child's current teacher.)

INSTRUCTIONS TO PARENTS:

Dear Parent: Complete the information requested in the spaces below and give this form with a pre-addressed envelope to your child's current preschool **after January 1**. This form is confidential and must be sent by the preschool to Viewpoint School.

Please read the following statement and sign this form. *I acknowledge that I waive my right to read this confidential evaluation.*

_____ Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date
_____ Applicant's Name	_____ Teacher's Name	
_____ Preschool Name	_____ Date of child's initial enrollment in this school	
_____ Preschool Address		
_____ Child's frequency of attendance at this school (days per week, hours per day)		

INSTRUCTIONS TO PRESCHOOL TEACHERS:

Dear Teacher: Viewpoint School is a coeducational, college preparatory day school for students in Kindergarten through Grade Twelve. Viewpoint's Kindergarten provides a full-day, academically enriched, nurturing environment, and promotes the intellectual, emotional, physical, and social growth of young children. Your completion of both sides of this evaluation is extremely helpful. It is important to all of us that this child's next school placement be an appropriate one for both the student and the family. Your observations on academic readiness are important to us. Please know that the professional comments you share are held in **STRICTEST CONFIDENCE**, and do not become a part of a student's permanent record. We thank you in advance for the help your comments will provide.

Type of Program: Pre-Kindergarten Transitional Kindergarten Public Kindergarten Private Kindergarten
 Other _____

TEACHER'S EVALUATION:

How long have you known this child? _____

	Age		Needs	
Social and Emotional Development:	Mature	Appropriate	Development	Immature
+ Listens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Cooperates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Relates to peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Relates to adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Exhibits self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Adjusts to transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Tolerates frustration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Separates from parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Shares material and possessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Functions independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Asks for help when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Development:				
+ Handedness established? <input type="radio"/> Yes <input type="radio"/> No				
+ Fine motor control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Gross motor control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional comments on the above: _____

Applicant Name: _____

Cognitive Development:	Mature	Age Appropriate	Needs Development	Immature
+ Expresses ideas clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Pronounces words clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Sustains attention in small groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Grasps concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Recalls details	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Demonstrates an interest in learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Interacts with materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Follows two- and three-step directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Language skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Math readiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Please provide additional comments on the above: _____

+ How would you describe this child? _____

Family Information:	Consistently	Usually	Sometimes	Rarely
+ Communicates openly with the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Participates in school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Cooperates with classroom teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Cooperates with administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Follows the rules and policies of the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Has realistic expectations for the child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+ Meets financial obligations in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+ Please provide additional comments about the family: _____

+ Do you recommend this child for admission to Viewpoint School's Kindergarten? Yes No

Check here if you would like us to call you for further information about this applicant.

Best time to reach you: _____ Phone: _____

Please Print Your Name and Title

Signature

Date

Your E-mail address: _____

Please return this form no later than February 10, 2017 directly to:
Viewpoint School Office of Admission
Attn: Admission Coordinator
23620 Mulholland Highway • Calabasas, CA 91302-2097
818-591-6560 • Fax 818-591-0834 • e-mail: patrick.labo@viewpoint.org