Pre-Primary School

Evaluation

To be completed by a teacher and returned directly to Laurel School

Candidate’s name

Name of present school

Phone

School Head

Teacher’s name

Number of years and/or months child has attended school

Size of class

Please tell us what you consider to be the candidate’s greatest strengths and greatest weaknesses.

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What has been the relationship between the child’s home and the school?

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Has the child received any special help while at your school (speech, reading, math, psychological testing or counseling, etc.)?

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Are there any special medical circumstances of which we should be aware?

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Please provide any additional comments or information which you feel would be helpful.

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____________________________________________________________________________________
Describe this child's social, emotional, physical and intellectual development compared to that of her peer group.

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What are the child's favorite activities in the room? Least favorite? How does the child use available materials?

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How well does the child interact (and how much time does the child spend) with other children, with teachers, with parents? How much time does the child spend playing/working independently?

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________________________________________________________________________

To the best of my knowledge, the information given above is accurate.

Name of individual who completed this form (please print)

________________________________________________________________________

Signature of teacher or school official Date

________________________________________________________________________

May we contact you for further information?  ○ Yes  ○ No  If yes, phone number

________________________________________________________________________

All information will be treated with strict confidentiality.