



Confidential Teacher Evaluation

FOR CONSIDERATION OF ENROLLMENT AT SUNNY HOLLOW MONTESSORI

Consent from the Parent/Guardian:

We are applying to Sunny Hollow Montessori for our child _____
STUDENT'S FULL NAME (First/Middle/Last) PLEASE PRINT CLEARLY

PRESENT SCHOOL OR CHILDCARE _____ PRESENT SCHOOL ADDRESS _____ CURRENT GRADE _____

I hereby request that you as my child's teacher complete this form.

PARENT/LEGAL GUARDIAN (PRINT NAME AND SIGN) _____ DATE _____

For the Teacher:

As part of our admissions process, we request the student's current teacher complete this evaluation form. We believe your insights and assessments are a valuable avenue for better knowing this student. If you have any questions, please feel free to call the Admissions Office at 651-690-2307. Thank you in advance for extending us this professional courtesy.

YOUR FULL NAME (First/Middle/Last) PLEASE PRINT CLEARLY _____ BEST TIME TO REACH YOU _____

YOUR EMAIL ADDRESS _____ YOUR TELEPHONE NUMBER _____

Getting To Know The Student:

Please feel free to use additional paper if needed.

I. PLEASE RATE THIS STUDENT IN THE FOLLOWING AREAS USING THE FOLLOWING GUIDELINES:

4 = EXCELLENT 3 = GOOD 2 = AVERAGE 1 = BELOW AVERAGE NB = NO BASIS FOR JUDGMENT

A. INTELLECTUAL ABILITY	4	3	2	1	NB
B. ACADEMIC ACHIEVEMENT	4	3	2	1	NB
C. WORK HABITS	4	3	2	1	NB
D. ABILITY TO CHOOSE APPROPRIATE WORK	4	3	2	1	NB
E. MOTIVATION	4	3	2	1	NB
F. CREATIVITY	4	3	2	1	NB
G. ABILITY TO CONCENTRATE ON:					
i. A physical task	4	3	2	1	NB
ii. An intellectual task	4	3	2	1	NB
iii. A creative task	4	3	2	1	NB
H. VERBAL ABILITY	4	3	2	1	NB
I. CURSIVE/PRINT WRITING ABILITY	4	3	2	1	NB
J. READING SKILL	4	3	2	1	NB
K. RELATIONSHIP WITH PEERS	4	3	2	1	NB
L. SELF CONCEPT	4	3	2	1	NB
M. ORGANIZATIONAL SKILLS	4	3	2	1	NB
N. ABILITY TO FOLLOW DIRECTIONS	4	3	2	1	NB
O. FINE MOTOR CONTROL	4	3	2	1	NB
P. CURIOSITY	4	3	2	1	NB

2. HOW LONG AND IN WHAT CAPACITY HAVE YOU WORKED WITH THE STUDENT?

3. PLEASE COMMENT BRIEFLY ON THIS STUDENT'S:

a. Motivation and independence:

b. Work habits:

c. Peer relationships and relationships with adults:

4. DESCRIBE THE STUDENT'S BEHAVIOR IN SMALL AND LARGE GROUP SETTINGS.

5. DESCRIBE THIS STUDENT'S READING AND WRITING EXPERIENCE WITH CURSIVE AND PRINTED TEXT.

6. DESCRIBE THIS STUDENT'S EXPERIENCE WITH MATH.

7. DESCRIBE THIS STUDENT'S SKILL AND INTEREST IN THE SCIENCES, MUSIC, AND THE ARTS.

8. ARE YOU AWARE OF ANY AREAS (BEHAVIORAL, EMOTIONAL, PHYSICAL, ETC.) WHERE THE STUDENT RECEIVES SPECIAL SUPPORT AND/OR SERVICES?

9. ANY ADDITIONAL COMMENTS?

TEACHER'S SIGNATURE

DATE

Thank you! Please return this form: 1) Scan to admissions@sunnyhollow.org, 2) Fax to 651.690.0684, or
3) Mail to Sunny Hollow Montessori, 636 South Mississippi River Blvd. St. Paul, MN 55116