

Office Use Only					
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3rd-8th Confidential Teacher Observation

To Parents: This confidential assessment form Primary Teacher at the school/predirectly from the teacher.				
I give permission to release inform strictly for recommendation purpor				
Signature of Parent/Legal Guardia	ลท:			
Date:				
To Classroom Teacher: Thank recommendation. Your observat admission into our school. All info	ions are an important part ormation will be held in cor	of this child's application for nfidence.		
Address:	Phone:			
City:	State:	Zip Code:		
Name of Teacher:				
Name of Child:		_Nickname:		
Report completed by:		_Date:		
Subjects taught:				
How long have you known this ch	nild:			
What are the first words that com	e to mind to describe this	student:		

Please check to indicate your evaluation in each catagory:

SENSE OF RESPONSIBILITY	□excellent	□good	□poor	Comments
PEER RELATIONS	□excellent	□good	□poor	Comments
LEADERSHIP SKILLS	□excellent	□good	□poor	Comments
EMOTIONAL MATURITY	□excellent	□good	□poor	Comments
SELF-CONTROL	□excellent	□good	□poor	Comments
RELATIONSHIPS WITH ADULTS	□excellent	□good	□poor	Comments

	Excellent	Good	Poor	Comment
Study habits				
Self-motivation				
Organization of time and work				
Intellectual curiosity				
Attention span				
Ability to express ideas orally				
Ability to follow directions				
Ability to work in a group				
Ability to work independently				
Perseverance				
Academic Achievement				

In what subject areas does this child show particular strength?
In what, if any, subject areas has this child needed special support or help?
Has this student displayed any notable interests or talents?
Are there any concerns about attendance or promptness?
Please characterize the family's cooperation and involvement:
Please use the space below for any additional comments:
Name:Title:
Signature:Date: