**Office Use Only**

P- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



3rd-8th **Confidential** Teacher Observation

|  |
| --- |
| **To Parents:**  This confidential assessment form is to be completed by your child’s current or most recent Primary Teacher at the school/preschool/daycare. This form must be submitted to our school directly from the teacher.  I give permission to release information about my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ strictly for recommendation purposes to The Charleston Catholic School.  Signature of Parent/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**To Classroom Teacher:** *Thank you for taking the time to complete this recommendation.* Your observations are an important part of this child’s application for admission into our school. All information will be held in confidence.

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the first words that come 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_