



<b>Office Use Only</b> P- _____ SS - _____
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K4-2<sup>nd</sup> Grade **Confidential** Teacher Observation

**To Parents:**

This confidential observation 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/Preschool/Daycare: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Child's length of time at school/preschool/daycare: \_\_\_\_\_

Class size: \_\_\_\_\_ Current grade: \_\_\_\_\_ Child's Age: \_\_\_\_\_

1. Maturity level: Young \_\_\_\_\_ Average \_\_\_\_\_ Above Average \_\_\_\_\_

2. Classroom conduct:

Frequent disruptions \_\_\_\_\_ Occasional misconduct \_\_\_\_\_ Usually good conduct \_\_\_\_\_  
Good conduct \_\_\_\_\_

3. In relation to other children in your class, how much of your attention does this child require in order to succeed?

Significantly more \_\_\_\_\_ More \_\_\_\_\_ Average \_\_\_\_\_ Less \_\_\_\_\_ Significantly less \_\_\_\_\_

4. Do the parents have a realistic picture of their child's ability?

Yes \_\_\_\_\_ Sometimes \_\_\_\_\_ No \_\_\_\_\_

5. What is the parent(s) attitude and degree of involvement? Please comment:

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Please rate the following that best describes the child:

**SOCIAL DEVELOPMENT:**

	Usually	Sometimes	Seldom	Comments
Shows self control				
Comfortable with adults				
Shows respect for others				
Plays cooperatively				
Plays alone happily				
Shares well				
Initiates play activities				
Is imaginative				
Respects property of others				
Seeks help as needed				
Potty trained and self sufficient in managing				

bathroom needs				
Reacts well to new situations				
Has difficulty with loud noises such as fire alarms, sirens, etc.				
Has the capacity to lead				
Has the capacity to follow				

### PHYSICAL DEVELOPMENT:

	Outstanding	Age appropriate	Needs development	Comments
Small muscle control and coordination				
Large muscle control and coordination				
Speech development				
Language development				

### PRE-ACADEMIC SKILL DEVELOPMENT:

	Usually	Sometimes	Seldom	Comments
Attentive				
Listens in a group				
Contributes to group discussion				
Follows directions				
Works cooperatively				
Ability to focus on task				
Does well with classroom routines				
Transitions easily from one				

activity to another				
Curious				
Enjoys new activities				
Self starter				
Enjoys new challenges				
Expresses ideas well				
Speaks in age appropriate manner (vocabulary, syntax, grammar)				
Uses materials appropriately				
Responds positively to constructive criticism				
Recognizes & writes name				
Recognizes all letters of the alphabet				
Recites numbers 1-20				
Writes numbers 1-20				

Thank you for your cooperation. We would appreciate any additional comments and observations concerning the strengths, weaknesses, health and/or special needs of this child, or any other information you feel would be helpful.

Teacher's Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date completed: \_\_\_\_\_