**Office Use Only**

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

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

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K4-2nd 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 develop-ment** | **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_