

Esformes Hebrew Academy

PRESCHOOL TEACHER- STUDENT EVALUATION FORM

PARENTS: PLEASE FILL IN THE FOLLOWING INFORMATION AND SUBMIT THIS FORM TO YOUR CHILD'S CURRENT SCHOOL

STUDENT: _____	DATE: _____
CURRENT SCHOOL: _____	DOB: _____
SCHOOL TELEPHONE NUMBER: _____	

Teacher: The above named student has applied to attend Esformes Hebrew Academy and we ask your assistance by completing the following information. Please indicate below and on the next page the traits that best describe the student, and send, email or fax the completed form to Esformes Hebrew Academy at the address below. Please note that this information may be shared with the child's parent(s) if deemed necessary.

	AGE APPROPRIATE	POSSIBLE AREA OF CONCERN
Capacity to follow directions		
Ability to work independently		
Cooperation in the classroom		
Respect for classroom materials		
Ability to listen in a small group		
Ability to transition between tasks		
Small muscle control		
Large muscle control		
Respect for classmates		
Communication skills		

Esperanza Hebrew Academy

PLEASE SELECT THE WORDS THAT BEST DESCRIBE THIS STUDENT

Fearful	Anxious	Articulate	Happy	Disobedient
Perfectionist	Moody	Motivated	Manipulative	Aggressive
Disorganized	Shy	Influential	Social	Confident
Follower	Responsible	Well-Liked	Distractible	Easily Discouraged
Distracting	Irritable	Energetic	Leader	Rambunctious

Five/Six Year Olds Only: Approximately how many aleph beis letters does the child recognize out of sequence: Circle One

None 0-5 6-15 16-20 21-30 All

Is there anything else you feel we should know about this child?

Teacher's Name (please print)

Teacher Signature

Date