



The Magellan International School
El Colegio Internacional Magallanes

**CONFIDENTIAL TEACHER EVALUATION FORM
PRE-PRIMARY / KINDERGARTEN**

To the parent/guardian: Please submit this form to a teacher or director of the school your child currently attends in a stamped envelope addressed to The Magellan International School at the address shown at the end of the form.

I/we understand that we may not look at this evaluation and assure the person completing this form and the school that we will not try to do so. We give permission for the preschool to release the information on this form to The Magellan International School. We understand that as parents we will not have access to this confidential information and that it will not become part of our child’s permanent school record.

NAME OF STUDENT APPLYING TO PRE-PRIMARY OR KINDERGARTEN: _____

First Parent/Guardian: _____
Name
Signature
Date

Second Parent/Guardian: _____
Name
Signature
Date

To the teacher completing this form: Please complete all pages of this form and send to The Magellan International School at the address shown at the end of the form. Your comments will be held in strictest confidence. Thank you very much for your assistance and cooperation.

MARK ALL THAT MOST CONSISTENTLY DESCRIBE THIS CHILD

<input type="checkbox"/> Enjoys large motor activities	<input type="checkbox"/> Patient
<input type="checkbox"/> Enjoys small motor activities	<input type="checkbox"/> Defiant
<input type="checkbox"/> Positive member of the classroom	<input type="checkbox"/> Positive interaction with peers
<input type="checkbox"/> Responsive to classroom limits	<input type="checkbox"/> Positive relationships with adults/teachers
<input type="checkbox"/> Responsive to teacher directions	<input type="checkbox"/> Aware of others’ needs
<input type="checkbox"/> “Goes with the flow”	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Physically hurtful when frustrated
<input type="checkbox"/> Resilient	<input type="checkbox"/> Enthusiastic about learning
<input type="checkbox"/> Short tempered	<input type="checkbox"/> Can’t sit still
<input type="checkbox"/> Confident	<input type="checkbox"/> Hits or bites
<input type="checkbox"/> Observer	<input type="checkbox"/> Slow to warm up

What other words come to mind to describe this child?

SOCIAL/EMOTIONAL DEVELOPMENT

	ALWAYS	OFTEN	SOMETIMES	NEVER	N/A*
Works and plays cooperatively					
Enters group activities appropriately					
Cries when frustrated					
Chooses to be alone					
Tends to lead					
Tends to follow					
Uses words to resolve conflict					
Is able to be redirected by teacher					
Accepts responsibility for behavior					
Is able to solve problems without adult help					

*N/A = not applicable, e.g. in cases of young children where the development is not expected at their age

Please add further information from your observations and interactions with this child:

APPROACH TO LEARNING

	ALWAYS	OFTEN	SOMETIMES	NEVER	N/A
Tries new activities of own choice					
Needs help to be on task with own choice					
Tries new activities that are teacher-directed					
Needs teacher support to stay on task					
Makes transitions easily					
Follows classroom routines					

Comments:

LANGUAGE DEVELOPMENT

	ALWAYS	OFTEN	SOMETIMES	NEVER	N/A
Understands and follows oral directions					
Is able to communicate ideas, feelings, and needs					
Speech is intelligible					

Comments:

OTHER

	ALWAYS	OFTEN	SOMETIMES	NEVER	N/A
Responsible for personal belongings (coat, lunchbox)					
Toilets independently					
Is willing to participate in room clean-up					
Separates easily from parent(s) at drop-off					
Parent(s) set limits with child					
Child responds to limits of parent(s)					
Parent(s) respectful of teacher(s) & school					
Parent(s) responsive to teacher feedback					
Parent(s) contribute to preschool & classroom					
Parent(s) support classroom systems & expectations (i.e., arriving on time, follow thru with school requests, pick-up on time)					
Parent(s) agree with your view of the child					

Comments:

Have you made, or do you plan to make, any recommendations for professional support or assessment?
Please comment and/or state reasons for any referrals.

Yes

No

Is English the child's primary language spoken at home?

Yes

No

If not, what language is primary? _____

IS THERE ADDITIONAL INFORMATION THAT CAN BE BETTER CONVEYED IN A PHONE CONVERSATION? If so,
please indicate the best hours to reach you and the phone number to do so at.

HOURS: _____

TELEPHONE NUMBER: _____

Additional comments or any specific areas of concern:

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The Magellan International School will abide by the confidentiality of this Recommendation Form

Signature		School Name
Your name (please print)		Full School address with zip code
Position		
Date	Phone	When did you teach the student? From _____ to _____ (month/year)

PLEASE MAIL THIS FORM TO:

**DIRECTOR OF ADMISSIONS
THE MAGELLAN INTERNATIONAL SCHOOL
P.O. BOX 500134
AUSTIN, TX 78750**