

The Center School
Teacher/Childcare Provider Questionnaire
 Student Evaluation
 Admissions Office use only



Name of Student _____ Date of Birth _____

Dear Teacher,

We appreciate your cooperation in completing this confidential form. It provides one important way of gaining insight into the child and is reviewed with the full awareness that children are constantly changing and developing. We place particular value on your observations of classroom behavior and your descriptive comments in each area. Please know this is entirely confidential.

For Pre-school Teachers or Childcare Providers:

Days of the week enrolled _____

Hours per day _____ Size of group _____ Age range _____

For Teachers of Kindergarten -Grade 7:

Grade _____ Size of group _____ Age range _____

Social/Emotional Development

Descriptive Comments:

	Exhibits Maturity	Age Appropriate	Developing
Able to work/play independently			
Is supportive of peers			
Is comfortable with adults			
Able to work/play cooperatively			
Develops & sustains friendships			
Initiates work/play activities			
Is imaginative			
Exhibits leadership			
Works collaboratively			
Uses materials purposefully			
Shows feelings/responses appropriate to the situation			

Physical Development

Descriptive Comments:

	Exhibits Maturity	Age Appropriate	Developing
Small muscle control & coordination			
Large muscle control & coordination			
K-2 Speech development (articulation)			



Cognitive Development

Descriptive Comments:

	Exhibits Maturity	Age Appropriate	Developing
Is attentive			
Listens in a group			
Contributes to group discussion			
Follows directions			
Completes tasks			
Able to focus on one task			
Respects classroom routines			
Expresses ideas clearly			
Moves easily from one activity to another			
Responds positively to constructive criticism			
Is inquisitive			
Is willing to try new activities			
Initiates work without teacher support			
Enjoys new challenges			
Exhibits problem-solving abilities			

Special Services

Please identify and describe any special needs, including auditory and visual development:

- Remedial Reading
- Remedial Math
- Learning Disabilities
- Physical Therapy
- Occupational Therapy
- Counseling
- Speech and Language

Parent and Family Information

Please comment on parent cooperation and support for the child's school experience.



For Applicants Grades 1-7:

Describe literacy or reading/writing skills:

Describe math skills:

For all Applicants:

We encourage you to share any other information that you think would be helpful. Include comments concerning strengths, weaknesses, or any special needs or concerns of this child and/or family. Please use additional paper if necessary.

Name of School _____

Name of Teacher _____

Address _____

Phone Number _____

I have known the child for _____ years _____ months.

My relationship has been that of _____.

Please return directly to:
Admission Office, The Center School, 71 Montague City Rd., Greenfield, MA 01301
Thank you very much