

KapKa Cooperative School

Teacher Evaluation Form for Children Applying to: **Grades 1st to 5th**



KapKa
Cooperative School
510 N. 49th St.
Seattle, WA 98103

Thank you in advance for supplying the requested information. Your input is crucial and appreciated. The information you submit is confidential, and will not be shared with parents, nor will it become part of the child's permanent school records. Please make your comments as detailed as possible.

Please return directly to: **KapKa Cooperative School, 510 N. 49th St, Seattle, WA 98103** by February 24, 2012.

Applicant's Name: _____ Present grade: _____

Current School or Program: _____ School Phone: _____

School Address: _____ School e-mail: _____

Teacher's Name: _____ Teacher's e-mail: _____

Teacher's Phone: _____ How long student in school/program? _____

How long have you known this child and in what capacity? _____

ACADEMIC BASIC SKILLS	Below grade level	At grade level	Above grade level	Comments:
Reading/Language Arts				
Writing				
Mathematics				
Science				
Social Studies				
Problem-solving				

SOCIAL DEVELOPMENT	Area of Strength	Appropriate for Age	Progressing toward Age Appropriate	Area of Concern	Comments:
Shows empathy toward others					
Sustains a positive attitude toward school and learning					
Actively seeks new challenges					
Cooperates in work and play					
Maintains standards for careful, neat work					
Persists with difficult tasks					
Demonstrates ability to lead					
Demonstrates ability to work collaboratively					
Is imaginative					
Demonstrates self-control in class					
Demonstrates self-control on playground					
Exhibits sense of humor					
Seeks help when needed					
Exhibits courtesy and respect					
Demonstrates ability to handle transitions					
Helps out willingly					
Makes transitions smoothly					
Accepts responsibility for behavior					
Resolves differences by negotiating and compromising					
Observes class and school expectations					

How would you characterize this child's interactions with other students? With adults? _____

How does this child function in a group environment (e.g. interaction with others, attending skills, self-motivation, confidence) ?

SKILL DEVELOPMENT	Area of Strength	Appropriate for Age	Progressing toward Age Appropriate	Area of Concern	Comments
Is attentive and listens carefully during group times					
Contributes to group discussions					
Works cooperatively					
Follows directions					
Demonstrates ability to focus on one task					
Completes tasks independently and with self direction					
Respects classroom routines					
Makes transitions smoothly					
Responds positively to constructive criticism					
Is curious					
Is willing to try new activities					
Grasps new concepts					
Is a self-starter					
Exhibits problem-solving ability					
Expresses ideas well verbally					
Keeps belongings and materials organized					

Does this child demonstrate **particular strength** in any of the following areas? Please elaborate. Art Academic Music Social/Emotional Creativity Athletic/Dance Drama Other:

Does this child need **special support** in any of the following areas? Academic Social/Emotional None Other:

Are the parents of this applicant supportive of their child's strengths and challenges? Have their expectations and perceptions of their child and the school been in alignment with yours and your school's? Please comment.

Are the parents of this child supportive of your school and its programs? _____

We would appreciate any additional information which you think would help our school make an informed decision.

Teacher Signature: _____ Date: _____