



Teacher Evaluation Form

Applicants Age 5 and/or Entering from Preschool

Parents: Please Complete This Section

Applicant Name: _____ Teacher Name: _____

Current School/Daycare/Program: _____ Applicant Attends _____ days per week _____ hours per day

School Address: _____

School Telephone Number: _____ Teacher E-mail address: _____

Teachers: Please Complete This Section *(If no teacher available, please have an unrelated adult who knows your child well complete this form)*

The Bridge School thanks you in advance for your time in completing this form. Information you provide will be kept confidential and will not be shared with parents. The purpose of these questions is to allow us to better understand the students and families applying to The Bridge School. Please email us at info@buriencoopeducation.org if you have questions.

Please return the completed form directly to: **The Bridge School – P.O. Box 48074, Burien, WA 98148**

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

	Area of Strength	Appropriate for Age	Progressing Toward Age Appropriate	Area of Concern	
SOCIAL DEVELOPMENT					
Shows empathy toward peers					COMMENTS
Plays alone happily					
Cooperates at play					
Shares well without prompting					
Initiates play activities					
Demonstrates ability to lead					
Demonstrates ability to follow					
Demonstrates self-control in class					
Demonstrates self-control on playground					
Seeks help when needed					
Exhibits courtesy and respect					
Confident making decisions					
PHYSICAL DEVELOPMENT					
Small muscle control & development					COMMENTS
Large muscle control & development					
Speech & articulation					

	Area of Strength	Appropriate for Age	Progressing Toward Age Appropriate	Area of Concern	
CLASSROOM SKILL DEVELOPMENT					
Is attentive					COMMENTS
Listens in a group					
Contributes to group discussions					
Follows directions					
Completes tasks independently and with self-direction					
Demonstrates ability to focus on one activity					
Respects classroom routines					
Makes transitions easily					
Is willing to try new activities					
Enjoys new challenges					
Is a self-starter					
Willing to take risks					
Expresses ideas well verbally					
Exhibits self-help skills (hand washing, bathroom skills, etc.)					
Shows interest in academics					

Questions about the Child

Please comment on this child's strengths.

Please describe any areas of concern.

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

How does this child deal with frustration?

Questions about the Parents

Are the parents of this applicant supportive of their child's strengths and challenges? Please comment.

How do the parents of this child interact with children in the classroom?

How do parents communicate with you and other adults at the school?

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

If we need clarification, may we contact you by phone? YES NO Phone Number: _____

Teacher Signature: _____ Date: _____

Non Discrimination Policy

The Bridge School does not discriminate on the basis of religion, race, color, creed, national or ethnic origin, sexual orientation, family make-up or circumstances or any other legally protected status in the hiring of staff or in the administration of educational policies or programs, admissions policies or any other school administered programs.