



**HIGHLANDS**  
MICRO SCHOOL

**Teacher Evaluation Form**  
**Applicant Entering Kindergarten**

**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 Email: \_\_\_\_\_

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

Highlands Micro 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 Highlands Micro School. Please email us at [anne@highlandsmicroschool.com](mailto:anne@highlandsmicroschool.com) if you have questions.

**PLEASE RETURN THE COMPLETED FORM BY JANUARY 31st DIRECTLY TO:** Highlands Micro School – 3719 Perry St, Denver CO 80212, or email to [anne@highlandsmicroschool.com](mailto:anne@highlandsmicroschool.com)

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

	Area of Strength	Appropriate for Age	Progressing Toward Age Appropriate	Area of Concern	
<b>SOCIAL DEVELOPMENT</b>					
Shows empathy toward peers					<b>Comments</b>
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					

<b>PHYSICAL DEVELOPMENT</b>					
Small muscle control & development					<b>Comments</b>
Large muscle control and development					
Speech & articulation					
<b>CLASSROOM SKILL DEVELOPMENT</b>					
Is attentive					<b>Comments</b>
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 supporting 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 #: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***NON-DISCRIMINATION POLICY***

*Highlands Micro School does not discriminate on the basis of religion, race color, creed, national of 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.*