GRADES 1-5 TEACHER EVALUATION FORM

Instructions: Please give this evaluation form to the appropriate teacher. Provide the teacher with a stamped envelope addressed to Keystone Adventure School and Farm.



Keystoneadventureschoolandfarm.com admissions@keystoneadventureschool.com 19201 N Western Ave. Edmond, OK 73012

		is ad	plying to	Keystone Adve	nture School and Farm. Your responses are			
important in helping us an confidential, and will not b	d will be gr e shared w turn this fo	eatly appreciat ith parents. Ple	ed by the	admission com your comment	mittee. The information on this form is ts as detailed as possible. Thank you for your delay will			
Teacher's Name					Email			
School or Program	Phone							
Child's Present Grade		How long	has this cl	hild been in you	ur program?			
Academic Basic Skills	below grade leve	at el grade level	above grade lev	comments:	:			
Reading/Language arts								
Writing								
Mathematics								
Problem-solving								
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Work Traits	rarely	occasionally	usually	almost always	comments:			
Listens carefully during group times								
Contributes to class discussions								
Works with independence and self-direction								
Follows directions								
Uses class time efficiently								
Completes class work on time								
Completes homework on time								
Sustains attention and focus during work time								

Keeps belongings and materials organized			
Completes work with quality consistent with ability			
Uses self-help skills (asks for help, gets own supplies)			

Attitude and Behavior	rarely	occasionally	usually	almost always	comments:
Sustains a positive attitude toward school and learning					
Actively seeks challenge					
Maintains standards for careful, neat work					
Accepts and incorporates suggestions for improving work					
Persists with difficult tasks					
Shows empathy and respect towards others					
Cooperates in work and play					
Resolves differences by negotiating and compromising					
Helps out willingly					
Accepts responsibility for behavior					
Observes class and school expectations					
Makes transitions smoothly					

self-motivation, confidence)?
Does this child demonstrate <i>particular strength</i> in any of the following areas? Please elaborate. □ Academic □ Artistic □ Music □ Social/Emotional □ Athletic/Dance □ Creativity □ Other:
Does this child need <i>special support</i> in any of the following areas? Please elaborate. □ Academic □ Social/Emotional □ None □ Other:
Are the child's parents supportive of your school and its programs? (Y / N) Comments:
Has this child had any discipline/behavior issues? (Y / N) Comments:
If we need additional information, may we contact you? (Y / N) $$
If yes, your email address
Signature

How does this child function in a classroom environment (e.g. interaction with others, attending skills,