



PIERREPONT SCHOOL
Westport, CT

TEACHER EVALUATION FOR LOWER SCHOOL APPLICANTS

Name of Child _____ Year of Birth _____

Teacher's Name _____ School _____

Days per week enrolled _____ Hours per day _____ Age Range of Group _____

Size of group _____ How long have you known this child? _____

Teacher's Signature _____ Today's Date _____

To the teacher: We very much appreciate your cooperation in completing this form. It provides one way of getting to know the child you work with; we review it with the full awareness that children are constantly changing and developing. Please note that we place particular value on your comments in each area outlined below. If you need more room, please feel free to attach an additional sheet. Thank you.

SOCIAL DEVELOPMENT

	Usually	Sometimes	Seldom
Can be a friend	_____	_____	_____
Is supportive of peers	_____	_____	_____
Is comfortable with adults	_____	_____	_____
Plays well alone	_____	_____	_____
Cooperates in play	_____	_____	_____
Shares well	_____	_____	_____
Is imaginative	_____	_____	_____
Uses materials purposefully	_____	_____	_____
Has the capacity to lead	_____	_____	_____
Has the capacity to follow	_____	_____	_____
Adjusts well to new circumstances or changes in the environment	_____	_____	_____

PHYSICAL DEVELOPMENT

	Excellent	Age- Appropriate	Needs Development
Small muscle coordination	_____	_____	_____
Large muscle coordination	_____	_____	_____
Speech articulation	_____	_____	_____

Comments on the above:

