



EPISCOPAL SCHOOL OF BATON ROUGE

3200 Woodland Ridge Drive
Baton Rouge, Louisiana 70816
Phone: (225) 755-2684
Fax: (225) 756-0507
Email: enrollment@ehsbr.org

TEACHER EVALUATION FORM

Lower School Applicants for PreK-3

Applicant's Name _____ Applying for School Year _____

To the Teacher:

Thank you for taking the time to complete this evaluation. The student listed above is a candidate for admission to Episcopal. Episcopal is an independent, college preparatory school for students in grades PreK-3 to Grade 12. Your thoughtful and candid evaluation of the applicant will be of great assistance. We understand the difficulty in evaluating a student and are aware that children are constantly growing, changing, and developing. The assessments that you supply will be confidential and will not become part of the student's permanent record.

Social/Emotional Development	Exceeds Age Expectations	Age Appropriate	Needs Development
Willingly & cooperatively participates in a small or large group activity/game			
Can play well with at least one other child			
Initiates play activities			
Usually shares and takes turn willingly			
Is imaginative			
Is curious and willing to engage in new activities			
Has capacity to lead			
Has capacity to follow			
Is comfortable with adults			
Shows concern for using materials and equipment safely and appropriately			
Respects classroom routines			
Usually makes an effort to solve problems before seeking help from others			
Usually accepts limits set by adults			
Usually reflects a happy disposition			
Self Help Skills			
Can dress himself or herself			
Can button his or her clothing			
Can take total care of toileting needs			
Knows which shoe goes on which foot			
Usually takes care of personal items			
Speech and Language Skills			
Expresses needs and requests verbally rather than by inappropriate means			
Has speech that is understandable (articulate)			
Speaks in sentences of four or more words			
Expresses thoughts well			
Can this student tell others his or her...			
First and last name			
Age			
Does this student...			
Recognize his or her name in print			
Write his or her first name			
Draw pictures that are recognizable			
Use scissors to cut paper			
Successfully perform age appropriate arts and crafts projects			
Assemble puzzles appropriate for age			
Use the same hand as the preferred hand			



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Health and Physical	Exceeds Age Expectations	Age Appropriate	Needs Development
Appears to have good physical health and stamina			
Pre-Academic Skills			
Is attentive			
Listens in a group			
Contributes to discussions			
Follows directions			
Can focus on one task			
Moves easily from task to task			
Is a self-starter			
Exhibits problem-solving abilities			

Circle the words that best describe this student:

- | | | | |
|---------------|--------------------|----------------|------------------|
| Aggressive | Easily agitated | Immature | Positive Leader |
| Anxious | Easily discouraged | Impulsive | Self-disciplined |
| Argumentative | Flexible | Manipulative | Shy |
| Cheerful | Follower | Noncompliant | Self-reliant |
| Cries Easily | Helpful | Oppositional | Spirited |
| Confident | Honest | Over-protected | Well-liked |
| Defiant | Imaginative | Perfectionist | Witty |

Other(s) _____

Describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern?

Is applicant potty trained? Yes No **If no, where in the process is the applicant?** _____

How many days a week does this student attend school? _____ **Length of day?** _____

How long have you known the applicant? _____ **Is the applicant habitually tardy or absent?** _____

Parent Involvement and Cooperation: Outstanding Good Fair No Basis for Judgment

I recommend this candidate: with great enthusiasm with confidence with some confidence
 with reservations I do not recommend

If you checked recommend "with reservations" or "I do not recommend," please explain. _____

Is there anything regarding the family that would be helpful for the Admissions Committee to know? _____

I would: Like to _____ be willing to _____ discuss this applicant by phone.

Name _____ **Email Address** _____

Title _____ **Telephone** (_____) _____

School _____

Address _____ **City/State/Zip** _____

Signature _____ **Date** _____

Thank you for your assistance in providing us with this information. We ask that you mail the original to the address above, but you may send a copy via email (enrollment@ehsbr.org) or fax (225-756-0507) to help expedite the process.