

School of the Cathedral of Mary Our Queen
 111 Amberly Way, Baltimore, MD 21210
 phone: 410-464-4100 fax: 410-464-4137

Teacher Observation Form (to be completed by the child's current teacher and mailed to Fiona Diemer at the above address by December 12th. Thank you for your cooperation!)

Name of Child _____ Child's date of birth _____

Name that Child is called at School _____

School that child is attending _____ Child's placement _____

School Mailing Address _____

School Phone _____ School Fax _____

Name of Teacher _____ Position at school _____

Child is applying for: ___ Kindergarten ___ Prefirst ___ First Grade

Please indicate the appropriate developmental level for each item:

	<i>Consistently</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Never</i>
Social				
Readily participates in group				
Cooperates in play				
Cooperates in classroom activities				
Can be extremely outgoing				
Shares well				
Works well independently				
Self-isolates				
Understands personal space				
Emotional/Intellectual				
Completes work				
Needs structure				
Expresses ideas well				
Listening skills are age appropriate				
Moves easily from one task to another				
Responds appropriately to criticism				
Attention span is age appropriate				
Can be impulsive				
Is over-anxious about being "right"				
Separates from parents well				
Follows classroom routine				
Can be extremely verbal				
Can be extremely quiet				
Cries frequently				
Recognizes his/her name				
Can write his/her first name				
Can use scissors effectively				
Can count to 10				
Recognizes numbers 1-10				
Can write numbers 1-10				
Recognizes letters				

	<i>Consistently</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Never</i>
Writes letters				
Associates letter sound with letter symbol				
Can read some words				
Can identify colors				
<u>Speech/Language</u>				
Easily understands spoken language				
Follows directions				
Expresses ideas well				
Uses age-appropriate sentences				
	<i>Developmentally</i>	<i>Age</i>	<i>Developmentally</i>	
<u>Physical</u>	<i>Mature</i>	<i>Appropriate</i>	<i>Young</i>	
Tires easily				
Fine muscle control/coordination				
Gross muscle control/coordination				

Please comment briefly on each of the following in regard to this child:

Social Development (peer relationships, aggression or passivity in group, etc.): _____

Emotional Development (self-concept, personality characteristics, ability to handle frustration, etc.):

Physical Development (frequently absent, general health): _____

Intellectual Development (language, attention span, auditory and visual memory and discriminations):

Are there significant weaknesses, problems, or strengths which we should be aware of?

Child's relationship with parents: _____

Please make any further comments you feel are appropriate: _____

Please indicate the grade level for which you feel this child will be ready in September:

____ **Kindergarten**

____ **Prefirst**

____ **First Grade**

Signature: _____

Date: _____