

# Grace Academy

Christian Classical Collaborative

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## Preschool Teacher Survey

Parent or Guardian: Please mail or take this form to your child's preschool teacher for completion.

Student Name: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Teacher: The child named above is a candidate for admission to kindergarten at Grace Academy. We would appreciate your candid evaluation on both the front and back of this survey form. The child's parents have authorized this request as noted by their signature above and are aware that your comments will be held confidential.

Explanation of Ratings: E = Excellent G = Good F = Fair P = Poor

### 1. Please rate this applicant on the following characteristics, if applicable:

<b>EMOTIONAL READINESS</b>	<b>E</b>	<b>G</b>	<b>F</b>	<b>P</b>
Separates easily from parents				
Requires minimal reassurance or attention from teacher				
Demonstrates self-control				
Demonstrates age appropriate behaviors (minimal thumb sucking, baby talk, etc.)				
Enters new activities easily and sticks with them				
Is able to handle classroom transitions				
<b>SOCIAL READINESS</b>				
Engages easily in cooperative play				
Shares well				
Respects feelings and property of others				
Is able to wait his/her turn				
Interacts well with peers				
<b>ATTENTIONAL READINESS</b>				
Remains seated when appropriate				
Maintains focus and attention in group setting				
Follows directions				
Is not easily distracted by extraneous stimuli				
Obeys promptly without arguing				
<b>PHYSICAL READINESS</b>				
Gross motor development				
Fine motor development				
Has minimal verbal overflow				
Has minimal physical overflow				
<b>LANGUAGE READINESS</b>				
Uses appropriate vocabulary				
Speaks in complete sentences				
Articulates well				

**2. Describe the child's:**

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Do you recommend that this child be placed in kindergarten next year?  Yes  No**

**4. Have you shared this recommendation with the parents?**

**5. I recommend this applicant:**  Enthusiastically  Confidently  
 With reservation  Do not recommend

**6. Additional comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of teacher completing this form (*please print*) \_\_\_\_\_

Teacher signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of your school: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone: \_\_\_\_\_ May we contact you? \_\_\_\_\_

**Please return this form directly to Grace Academy, P.O. Box 1212, Boone, NC 28607 as soon as possible.**  
Thank you for your help and cooperation.