



**MILTON  
GOTTESMAN**  
JEWISH DAY SCHOOL  
OF THE NATION'S CAPITAL

with soul in mind

# Confidential Teacher Evaluation Form

## Pre-K, Kindergarten, First Grade

Kay and Robert Schattner Center

6045 16th St. NW, Washington, DC 20011

4715 16th St., NW, Washington, DC 20011

Phone: 202-291-5737, ext. 2207 Fax: 202-291-4686

Email: admission@MiltonGottesman.org

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of person completing evaluation form \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Subject or class that I teach \_\_\_\_\_ Date \_\_\_\_\_

I have known this student for \_\_\_\_\_ years/months .

**For parents/guardians:** I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to MILTON for purposes of my child's application to attend the school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For persons submitting recommendation: MILTON would appreciate your candid assessment of the applicant's abilities. If the applicant's parent/guardian has signed the waiver above, your recommendation will be kept confidential.

Purpose: The items below ask for your sense of the student's social, physical, and pre-academic skill development. Please use the check boxes to show gradations within each category. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Thank you for your attention to this request.

Social Development	Advanced for age	Appropriate for age	Needs development	No basis for Judgment	Comments
Can be a friend					
Is supportive of peers					
Plays alone happily					
Cooperates at play					
Shares well					
Initiates play activities					
Has the capacity to lead					
Has the capacity to follow					
Is imaginative					
Uses materials purposefully					
Is comfortable with adults					

Social Development	Advanced for age	Appropriate for age	Needs development	No basis for Judgment	Comments
Demonstrates self-control in class					
Demonstrates self-control on the playground					
Responds positively to re-direction					
Exhibits a sense of humor					
Seeks help when needed					
Respects the property of others					
Exhibits courtesy and respect					
Has the ability to participate in meaningful play					
Physical Development	Advanced for age	Appropriate for age	Needs development	No basis for Judgment	Comments
Small muscle control and development					
Large muscle control and coordination					
Speech development (articulation)					
Language development					
Pre-Academic Skill Development	Advanced for age	Appropriate for age	Needs development	No basis for Judgment	Comments
Is attentive					
Listens in a group					
Contributes to group discussions					
Follows directions					
Demonstrates the ability to focus on one task					
Completes tasks					
Works cooperatively					
Upholds classroom routines					
Moves easily from one activity to another					
Is curious					
Is willing to try new activities					
Enjoys new challenges					
Expresses ideas well					

Please describe any areas of strength and growth not covered by the above categories.

Please use 5 words to describe this student.

What frustrates this child?

Please describe parental cooperation and involvement with the school?

Please identify any special needs, including auditory and visual development, language disabilities, and emotional or learning differences along with and any special accommodations the student needs or requires.

Please describe any independent evaluations for emotional, academic, or physical reasons that you are aware of that have been recommended or have been obtained.

In your belief, is the student ready for the grade for which he/she is applying? Please comment.

For children applying to first grade: Please describe the child's development of:

Beginning Reading Skills \_\_\_\_\_

\_\_\_\_\_

Beginning Math Skills \_\_\_\_\_

\_\_\_\_\_

Beginning Writing Skills \_\_\_\_\_

\_\_\_\_\_

If you would like to speak confidentially about this student, please feel free to contact Sindy Udell, Director of Admission, 202-291-5737, ext. 2207, [sindy.udell@MiltonGottesman.org](mailto:sindy.udell@MiltonGottesman.org), or provide your phone number along with the best day and time to reach you.

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Email address: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form by mail or email to:

Office of Admission

Milton Gottesman Jewish Day School

Kay and Robert Schattner Center

4715 16th Street, NW, Washington, DC 20011

[admission@MiltonGottesman.org](mailto:admission@MiltonGottesman.org)