



CHILDREN'S HOUSE TEACHER FEEDBACK FORM
PRE K/KINDERGARTEN

TO BE COMPLETED BY CHILD'S CURRENT TEACHER

Return no later than _____

Teacher should mail or fax directly to:

Ruffing Montessori School
Attn: Director of Admissions
3380 Fairmount Boulevard
Cleveland Heights, OH 44118
Phone: 216-321-7571 / Fax: 216-321-7568

Applicant's Name _____

Current School _____ Current Teacher Name _____ # of Students in Class: _____

What are three words that come to mind in describing this child?

1. _____ 2. _____ 3. _____

Does the child enter the classroom prepared to learn? Yes / No. Please explain: _____

Please check the appropriate column.

	Age appropriate	Needs development	Difficult to assess
Skill Development			
Seems attentive (attention span)			
Listens in a group			
Follows directions			
Completes a task			
Can focus on one task without excessive motor activity			
Moves easily from one task to another (transitions)			
Seems curious			
Expresses ideas well			
Exhibits problem-solving skills			
Physical Development			
Small muscle control and coordination			
Large muscle control and coordination			
Social and Emotional Development			
Relates well with peers			
Relates well with adults			
Demonstrates independence with self care			
Demonstrates cooperation			
Initiates activities			
Seems imaginative			
Uses materials purposefully			
Delay of gratification			
Tolerance level of frustration			

Please check all that apply:

1. Child's transition to the school environment was: seamless slow to warm needed support
2. The parents are: collaborative disinterested overly cautious
3. The child's language articulation or overall intelligibility is: clear unclear
4. Child speaks in complete sentences that can be understood: consistently developing minimal speech

How would you recommend this candidate for Ruffing Montessori School?

Enthusiastically Confidently With reservations Do not recommend

Additional comments are welcome.

Teacher Signature _____ Date: _____

Name of School: _____

Teacher Contact Information:

Email _____ Phone number: _____