



Ruffing Montessori School

Engage. Emerge. Learn for life.

Teacher Evaluation Form

Parents/Guardians:

Please submit this form to your child's current teacher. The teacher should mail the completed form to the Director of Admissions at Ruffing Montessori School. Please provide the teacher with a postage-paid envelope.

Teachers:

Thank you for taking the time to complete this report. Your comments are essential in helping us to assess the child's strengths and needs. This information will be kept confidential.

Student's Name: Last

First

Middle

Length of time you have known this child and how often you teach him/her each week.

What are his/her strengths and special interests?

Describe the area in which he/she needs assistance.

Describe his/her interaction with peers.

Describe how he/she relates to adults.

Please complete evaluation on reverse.

Work Habits	ALWAYS	USUALLY	SOMETIMES	SELDOM	NEVER
Is the child self-directed?					
Is the child able to focus on a task?					
Does the child complete work?					
Is the child able to follow directions?					
Does the child work well in a group?					
Has the child's attendance been consistent?					

Any additional comments:

Teacher signature

Title

Date

Contact Information: Teacher Name

School Name

Address

Phone

Email

RETURN TO:

Director of Admissions

Ruffing Montessori School

3380 Fairmount Boulevard

Cleveland Heights, Ohio 44118

Please call Ruffing Montessori School's Director of Admissions, at 216.321.7571 with any questions.