



# SAINT MARY SCHOOL

183 HIGH RIDGE AVENUE • RIDGEFIELD, CT 06877 • 203.438.7288 • WWW.SMSRIDGEFIELD.ORG

## TEACHER OBSERVATION FORM—COMPLETE FOR INCOMING KINDERGARTEN STUDENTS ONLY

APPLICANT NAME \_\_\_\_\_

OBSERVER'S NAME \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ SCHOOL PHONE NUMBER \_\_\_\_\_

Please give us your opinion on this child's development over the time you have known him/her. It is not necessary to conduct a formal assessment or observation. Simply circle the appropriate number rating which, to the best of your judgment, represents the skill level of this child. Please return to the above address. Thank you.

|   | Appears Developmentally Appropriate |   |   |   | Area Of Concern |
|---|-------------------------------------|---|---|---|-----------------|
|   | 5                                   | 4 | 3 | 2 | 1               |
| <b><u>PHYSICAL / MOTOR DEVELOPMENT:</u></b>         |                                     |   |   |   |                 |
| Coordination  | 5                                   | 4 | 3 | 2 | 1               |
| Balance   | 5                                   | 4 | 3 | 2 | 1               |
| Gait  | 5                                   | 4 | 3 | 2 | 1               |
| Orienting body activities                           | 5                                   | 4 | 3 | 2 | 1               |
| Hand preference                                     | 5                                   | 4 | 3 | 2 | 1               |
| Grasp of pencils/crayons/objects                    | 5                                   | 4 | 3 | 2 | 1               |
| Cutting with scissors                               | 5                                   | 4 | 3 | 2 | 1               |
| Basic hygiene and self-help skills                  | 5                                   | 4 | 3 | 2 | 1               |
| Hand washing / toilet                               | 5                                   | 4 | 3 | 2 | 1               |
| Put on, take off, select use, and put away clothes  | 5                                   | 4 | 3 | 2 | 1               |
| <b><u>SPEECH/LANGUAGE/LITERACY:</u></b>             |                                     |   |   |   |                 |
| Intelligibility of speech                           | 5                                   | 4 | 3 | 2 | 1               |
| Voice quality and control                           | 5                                   | 4 | 3 | 2 | 1               |
| Following verbal directives                         | 5                                   | 4 | 3 | 2 | 1               |
| Attends to stories                                  | 5                                   | 4 | 3 | 2 | 1               |
| Shows interest in words or letters                  | 5                                   | 4 | 3 | 2 | 1               |
| Recognizes name in print                            | 5                                   | 4 | 3 | 2 | 1               |
| Attempts to write by limitation/scribble            | 5                                   | 4 | 3 | 2 | 1               |
| Sentence structure                                  | 5                                   | 4 | 3 | 2 | 1               |
| <b><u>BEHAVIORAL:</u></b>                           |                                     |   |   |   |                 |
| Peer relationships                                  | 5                                   | 4 | 3 | 2 | 1               |
| Ability to solve conflicts                          | 5                                   | 4 | 3 | 2 | 1               |
| Attention span                                      | 5                                   | 4 | 3 | 2 | 1               |
| Self-direction and independence                     | 5                                   | 4 | 3 | 2 | 1               |
| Following rules and routines                        | 5                                   | 4 | 3 | 2 | 1               |
| Reactional behavior (fear, frustration, aggression) | 5                                   | 4 | 3 | 2 | 1               |
| Organizational skills                               | 5                                   | 4 | 3 | 2 | 1               |

TEACHER OBSERVATION FORM—PAGE 2

APPLICANT NAME \_\_\_\_\_

What are this child's preferences in activities?

Are there activities this child is reluctant to participate in?

Have you ever recommended developmental evaluation for this child? If so, why?

Please attach a physical sample of this child's drawing and writing his/her own name, if possible.

Any concerns? Please explain:

Signature of Observer \_\_\_\_\_

Date \_\_\_\_\_