



Teacher Assessment

Name of Applicant: _____ Applying for Grade: _____

The student named above has applied for admission to The City School. Please complete the form below and return it directly to the school by mail or fax. Thank you for your assistance. If you wish to discuss this student personally rather than completing this form, please check here , sign this form and note your telephone number, and the Director of Admissions will contact you.

Check one rating for each area in the table below:

Areas to Evaluate	Poor	Average	Good	Excellent
Academic Ability				
Academic Performance				
Motivation				
Behavior/Conduct				
Attitude/Cooperation				
Relates to Peers				
Response to Adult Authority				

How long have you known this student? _____

Does the student have significant limitations (physical, social, or emotional)? Yes No

If yes, please explain: _____

Is the student in good standing academically and behaviorally at your school? Yes No

If no, why not? _____

Has there been a need for administrative involvement in disciplinary action with this student?

Yes No If yes, please explain: _____

How would you rate the parents' involvement?

Very Supportive Usually Supportive Rarely Supportive Disinterested No communication with them

Please write a brief description of the student's character and academic work on the back of this form or on a separate sheet of paper.

Name: _____

Position: _____ School: _____

Signature: _____ Date: _____

TEACHER ASSESSMENT

Fairmount (pre-K-3)
The City School at Fairmount
860 N. 24th Street
Philadelphia, PA 19130
(Phone) 215.769.5366
(Fax) 215.769.4063

Spruce Hill (K-5) & Walnut Street (6-8)
The City School at Spruce Hill
4115 Baltimore Avenue
Philadelphia, PA 19104
(Phone) 215.382.7839
(Fax) 215.382.7848

Rittenhouse (9-12)
The City School at Rittenhouse
315 S. 17th Street
Philadelphia, PA 19103
(Phone) 215.731.1930
(Fax) 215.731.0515

To Be Completed for Pre-Kindergarten, Kindergarten, and Grade 1 ONLY:

Part 1: Social/Emotional Development

Read each item below carefully. Circle the number that indicates the frequency of occurrence *within the last two weeks* for this child. Please answer every item. If you are uncertain about any item, give your best estimate or mark N/A. Different colored ink could be used for subsequent reviews throughout the year.

FREQUENCY KEY	1 = Almost Never	2 = Once in a While	3 = Moderately Often	4 = Most of the Time	5 = Almost Always
1. Works/plays well alone	1	2	3	4	5
2. Accepts when things do not go his or her way	1	2	3	4	5
3. Difficulty sustaining attention	1	2	3	4	5
4. Disruptive during class	1	2	3	4	5
5. Expresses self freely	1	2	3	4	5
6. Completes projects/assignments	1	2	3	4	5
7. Friendly toward peers	1	2	3	4	5
8. Difficulty following directions	1	2	3	4	5
9. Easily soothed when upset	1	2	3	4	5
10. Names all letters of the alphabet when asked	1	2	3	4	5
11. Ignores teasing	1	2	3	4	5
12. Participates in class	1	2	3	4	5
13. Functions well with distractions	1	2	3	4	5
14. Makes friends easily	1	2	3	4	5
15. Has poor self/control	1	2	3	4	5
16. Appears sad	1	2	3	4	5
17. Counts to 20 when asked	1	2	3	4	5
18. Follows rules/limits	1	2	3	4	5
19. Offers to assist other children	1	2	3	4	5
20. Works/plays well without adult support	1	2	3	4	5
21. Works/plays well with others	1	2	3	4	5
22. Seeks attention from peers or teachers	1	2	3	4	5
23. Acts shy	1	2	3	4	5
24. Knows parts of a book when asked (cover, title, where story starts, etc.)					1 2 3 4 5
25. Handles disappointment well	1	2	3	4	5
26. Quickly joins group activities	1	2	3	4	5
27. Follows classroom routines	1	2	3	4	5
28. Well-liked by classmates	1	2	3	4	5

Part 2: Classroom Activities

Please circle a number to indicate how often *within the last two weeks* the child selected the following activities in the classroom.

29. Blocks	1	2	3	4	5	N/A	33. Art	1	2	3	4	5	N/A
30. Literacy	1	2	3	4	5	N/A	34. Water play	1	2	3	4	5	N/A
31. Dramatic play	1	2	3	4	5	N/A	35. Sand play	1	2	3	4	5	N/A
32. Science	1	2	3	4	5	N/A	36. Other	1	2	3	4	5	N/A

Please specify: _____

37. With whom does the child prefer to play:

Alone With Adults With one other child With a variety of children

38. Please indicate which of the following the child is able to do independently (select all that apply):

Use the toilet Put toys away Bathe/Shower Say "please" and "thank you"
 Get dressed Wash hands Count to 20 Name all the letters of the alphabet
 Put on shoes Zip or button coat Use silverware appropriately Identify parts of a book (cover, title, where story starts, etc.)

Part 3: Self Expression

Please circle a number to indicate how well the child expresses him or herself through the following means.

39. Language	1	2	3	4	5	41. Movement	1	2	3	4	5
40. Art	1	2	3	4	5	42. Other	1	2	3	4	5

Please specify: _____

43. Is the GDO-R being administered to this child due to concern(s)? Yes No Don't Know

44. If yes, please indicate the nature of the concern (circle all that apply).

Parent-initiated Teacher-initiated Developmental Behavioral

Academic Other: _____

Please use extra paper, if necessary, to provide any additional information pertinent to understanding this child.