



**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: \_\_\_\_\_

**Fairmount (pre-K-4)**  
The City School at Fairmount  
860 N. 24th Street  
Philadelphia, PA 19130  
**(Phone)** 215.769.5366  
**(Fax)** 215.769.4063

**Spruce Hill (K-5) & Poplar (6-12)**  
The City School at Spruce Hill  
4115 Baltimore Avenue  
Philadelphia, PA 19104  
**(Phone)** 215.382.7839  
**(Fax)** 215.382.7848

TEACHER ASSESSMENT

## 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.

| FREQUENCY KEY | 1 = Almost Never | 2 = Once in a While | 3 = Moderately Often | 4 = Most of the Time | 5 = Almost Always |
|---------------|------------------|---------------------|----------------------|----------------------|-------------------|
|---------------|------------------|---------------------|----------------------|----------------------|-------------------|

#### Work Habits

|                                    |   |   |   |   |   |     |
|------------------------------------|---|---|---|---|---|-----|
| Works/plays well independently     | 1 | 2 | 3 | 4 | 5 | N/A |
| Is able to sustain attention       | 1 | 2 | 3 | 4 | 5 | N/A |
| Follows directions                 | 1 | 2 | 3 | 4 | 5 | N/A |
| Completes projects/assignments     | 1 | 2 | 3 | 4 | 5 | N/A |
| Functions well despite distraction | 1 | 2 | 3 | 4 | 5 | N/A |

#### Behavior

|                                      |   |   |   |   |   |     |
|--------------------------------------|---|---|---|---|---|-----|
| Behaves appropriately during class   | 1 | 2 | 3 | 4 | 5 | N/A |
| Follows rules/limits                 | 1 | 2 | 3 | 4 | 5 | N/A |
| Shows self control                   | 1 | 2 | 3 | 4 | 5 | N/A |
| Obeys those in authority immediately | 1 | 2 | 3 | 4 | 5 | N/A |
| Appears content/happy                | 1 | 2 | 3 | 4 | 5 | N/A |

#### Social Development

|                                  |   |   |   |   |   |     |
|----------------------------------|---|---|---|---|---|-----|
| Participates in class activities | 1 | 2 | 3 | 4 | 5 | N/A |
| Follows classroom routines       | 1 | 2 | 3 | 4 | 5 | N/A |
| Well liked by classmates         | 1 | 2 | 3 | 4 | 5 | N/A |
| Works/plays well with others     | 1 | 2 | 3 | 4 | 5 | N/A |
| Makes friends easily/outgoing    | 1 | 2 | 3 | 4 | 5 | N/A |

### 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.

| FREQUENCY KEY | 1 = Almost Never | 2 = Once in a While | 3 = Moderately Often | 4 = Most of the Time | 5 = Almost Always |
|---------------|------------------|---------------------|----------------------|----------------------|-------------------|
|---------------|------------------|---------------------|----------------------|----------------------|-------------------|

|               |   |   |   |   |   |     |            |   |   |   |   |   |     |
|---------------|---|---|---|---|---|-----|------------|---|---|---|---|---|-----|
| Blocks        | 1 | 2 | 3 | 4 | 5 | N/A | Art        | 1 | 2 | 3 | 4 | 5 | N/A |
| Literacy      | 1 | 2 | 3 | 4 | 5 | N/A | Water play | 1 | 2 | 3 | 4 | 5 | N/A |
| Dramatic play | 1 | 2 | 3 | 4 | 5 | N/A | Sand play  | 1 | 2 | 3 | 4 | 5 | N/A |
| Science       | 1 | 2 | 3 | 4 | 5 | N/A | Math       | 1 | 2 | 3 | 4 | 5 | N/A |

With whom does the child prefer to play (circle one):

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

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"         |
| Brush teeth              | Zip/button coat | Identify basic colors             | Name all the letters of the alphabet |
| Get dressed              | Wash hands      | Identify lower/upper case letters |                                      |
| Put on shoes             | Tie shoes       | Count to 20                       | Identify numbers 1-10                |
| Use silverware correctly |                 | Identify basic shapes             | Identify numbers 11-20               |

### Part 3: Self Expression

Using the numbers **1, 2, 3, 4**, order the following, to show how your child expresses himself/herself. Please note: Each number may only be used one time.

**Key: 1 = Most Preferred through 4 = Least Preferred**

|                |                |
|----------------|----------------|
| Language _____ | Music _____    |
| Art _____      | Movement _____ |

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