



St. Michael-St. Clement School  
 10 Willow Avenue  
 Baltimore, MD 21206  
 (410) 668-8797

**\* For students entering PreK – 1<sup>st</sup> grade**

Teacher Observation Form (to be completed by the child’s current teacher and mailed to the above address. Thank you for your cooperation.)

Name of Child \_\_\_\_\_ Child’s Date of Birth \_\_\_\_\_

Name that Child is called at school \_\_\_\_\_

School that child is attending \_\_\_\_\_ Child’s placement \_\_\_\_\_

School Mailing Address \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

Name of Teacher \_\_\_\_\_ Position at school \_\_\_\_\_

Child is applying for: \_\_\_\_\_ **Pre K**                      \_\_\_\_\_ **Kindergarten**                      \_\_\_\_\_ **First Grade**

Please indicate the appropriate development level for each item:

	<i>Consistently</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Never</i>
<b><u>Social</u></b>				
Readily participates in group				
Cooperates in play				
Cooperates in classroom activities				
Can be extremely outgoing				
Shares Well				
Works well independently				
Self-isolates				
Understands personal space				
<b><u>Emotional/Intellectual</u></b>				
Completes work				
Needs structure				
Expresses ideas well				
Listening skills are age appropriate				
Can be impulsive				
Is over-anxious about being “right”				
Separates from parents well				
Follows classroom routine				
Can be extremely verbal				
Can be extremely quiet				
Cries frequently				
Recognizes his/her name				
Can write his/her first name				



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	<i>Consistently</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Never</i>
Can use scissors effectively				
Can count to 10				
Recognizes numbers 1-10				
Can write numbers 1-10				
Recognizes letters				
Knows address				
Knows birthday				
Writes letters				
Associates letter sound with letter symbol				
Can read some words				
Can identify colors				
<b><u>Speech/Language</u></b>				
Easily understands spoken language				
Follows directions				
Expresses ideas well				
Uses age-appropriate sentences				
	<i>Developmentally Mature</i>	<i>Age Appropriate</i>	<i>Developmentally Young</i>	
<b><u>Physical</u></b>				
Tires easily				
Fine muscle control/coordination				
Gross muscle control/coordination				
Uses steps properly				

*Please comment briefly on each of the following in regard to this child:*

Social Development (peer relationships, aggression or passivity in group, etc.):

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Emotional Development (self-concept, personality characteristics, ability to handle frustration, etc.):

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Physical Development (frequently absent, general health):

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Intellectual Development (language, attention span, auditory and visual memory and discriminations):

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Are there significant weaknesses, problems, or strengths which we should be aware of?

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Child's relationship with parents:

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Please make further comments you feel are appropriate:

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**Please indicate the grade level for which you feel this child will be ready in September:**

\_\_\_\_ Pre K

\_\_\_\_ Kindergarten

\_\_\_\_ First Grade

Signature: \_\_\_\_\_ Date: \_\_\_\_\_