



**ST. THOMAS AQUINAS**  
CATHOLIC SCHOOL



Applicant's Full Name (Last, First and Middle): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Applying To Grade: \_\_\_\_\_

**Confidential Teacher Evaluation  
Preschool / Pre-Kinder / Kindergarten**

**To The Applicant Family:**

Please submit this form to your **current** teacher, allowing time for completion and return by the application deadline.

I waive my right of access and that of my child to this teacher evaluation form. X \_\_\_\_\_  
Parent / Guardian Signature

**To The Current Teacher:**

The student above is applying for admission to St. Thomas Aquinas Catholic School. As part of the admissions process, please assess the student as compared with his or her peers. We appreciate your time and effort in completing this evaluation. Be assured that all of the information you provide will be held in strict confidence. Please keep a copy and mail the original directly to:

**St. Thomas Aquinas, 3741 Abrams Rd., Dallas, Texas 75214, Attn: Admissions.**

**Please comment on the following (*attach a separate sheet, if necessary*):**

1. Applicant's qualities of mind (*keenness, originality, imagination, curiosity*):
  
2. Applicant's social and/or emotional development as compared with others of the same chronological age:
  
3. Applicant's strengths:
  
4. Applicant's weaknesses:
  
5. Disabilities or special needs (*including amount of teacher time required*):
  
6. Additional comments (*please attach additional sheet if necessary*):

This student has been enrolled in this school for \_\_\_\_\_ year(s). I have known him/her for \_\_\_\_\_ year(s).

**Please select from one of the following recommendations:**

- |   |  |
|---|--|
| <input type="radio"/> <b>Highly Recommend</b>                     | <input type="radio"/> <b>Recommend</b>                 |
| <input type="radio"/> <b>Recommend with reservations because:</b> | <input type="radio"/> <b>Do not recommend because:</b> |

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	Below Expectations 1	2	3	4	Exceptional 5	No Basis
<b>Social / Emotional Development</b>						
Attention span						
Ability to follow directions						
Ability to complete tasks						
Ability to function in groups						
Attitude toward teachers						
Attitude toward peers						
Attitude of peers toward child						
Accepts consequences of own behavior						
Child's adjustment						
Emotional maturity compared to peers						
Reaction to setbacks						
Response to teacher direction						
Leadership / Self-confidence						
Self-control						
Qualities of mind (keenness, imagination, curiosity)						
Parental expectations, support, attitude toward child						
Parental expectations, support, attitude toward school						
<b>School Performance</b>						
Speech (articulation)						
Language ability (expressive and receptive language skills)						
Vocabulary						
Writing skills (ability to write name)						
Reading skills (recognition of lower/upper case letters, recognition of first and last name)						
Mathematical concept (recognizes/counts/identifies to 10, 1:1 correspondence, recognizes some shapes, simple AB patterns)						
Is English his or her primary language?	Yes	No				
<b>School Readiness</b>						
Ability to play independently						
Ability to sit for story time						
Ability to sit for 10-15 minutes in circle time						
Organization/care of personal items (coats, backpacks, etc.)						
Prediction of success at next grade level						
<b>Motor Development</b>						
Gross motor (balancing, bouncing, catching, kicking, throwing, hopping, skipping, running, jumping)						
Fine motor (age-appropriate hand-eye coordination, begin to display correct crayon grip, begin to use scissors correctly and independently)						
Self-Help (manages bathroom needs w/out assistance, dresses and feeds him/herself)						
<b>Aesthetic Development - Shows interest as follows:</b>						
Art						
Music						
Dramatic Play						
<b>Health and Attendance Record</b>						
General Health						
Attendance						
Tardiness						

Please PRINT the following:

_____	_____	_____
Name	Title/Position	Date
_____	_____	_____
School	Address	Phone
_____	_____	_____
City	State	Zip Code
_____		
Email Address		

May we contact you to follow up on these questions?     Yes                       No