



Teacher Observation Form: Early Childhood (Preschool)

Parents:

Please fill in your child's name below. Read and sign before giving to your child's teacher.

Child's Name: _____

I request that my child's teacher complete this form and return directly to CSA by mail/email/fax. I waive my right of access to this form. Forms returned by parent are not accepted. Further, I give permission for CSA to contact my child's teacher if they have additional questions.

Parent/Guardian Signature: _____ Date: _____

Teachers: We appreciate your willingness to fill out this form as we consider this child for admission. Please return promptly to avoid delays in the application process. In order to review an application for admission, all documentation including this form must be received.

Teacher's Name: _____ Date: _____

Person completing this form, if not teacher: _____ Title: _____

Best time and number to contact you for additional information: _____

Facility: All Day Part Day | Private Preschool Public PPCD Montessori Daycare Other: _____

Age-range in class: _____ Student-to-Teacher Ratio: _____ : _____ Total number of students in class: _____

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Does this child receive any therapy services (speech/language, occupational therapy, psychological)?

If yes, please specify type and frequency: _____

The Child...	Seldom		Sometimes		Often
Social/Emotional Skills Is impulsive or disruptive	1	2	3	4	5
Displays physical aggression (describe below if applicable)	1	2	3	4	5
Has temper outbursts and/or unpredictable behavior	1	2	3	4	5
Displays oppositional or defiant behaviors	1	2	3	4	5
Demonstrates perseverative behaviors (describe below if applicable)	1	2	3	4	5
Responds well to redirection	1	2	3	4	5
Has trouble keeping his/her hands to self	1	2	3	4	5
Is cooperative/respectful	1	2	3	4	5
Plays wells with peers	1	2	3	4	5
Is easily frustrated	1	2	3	4	5
Seems to be happy/confident	1	2	3	4	5
Destroys objects and/or throws things when upset	1	2	3	4	5



Capitol School of Austin

The Child...		Seldom		Sometimes		Often
Communication	Able to ask for wants/needs	1	2	3	4	5
	Expresses thoughts/ideas in 2-3 words phrases	1	2	3	4	5
	Speaks in sentences	1	2	3	4	5
	Speech is easily understood	1	2	3	4	5
Group Skills	Requires 1:1 assistance to remain in a group	1	2	3	4	5
	Is able to follow class routines	1	2	3	4	5
	Responds to directions	1	2	3	4	5
	Has an attention span that is comparable to peers	1	2	3	4	5
	Can work independently/remain focused on tasks	1	2	3	4	5
	Can take care of personal needs with little assistance	1	2	3	4	5
	Can easily transition between activities	1	2	3	4	5
	Listens attentively to stories	1	2	3	4	5
	Has parents who are supportive of the school and its policies	1	2	3	4	5

Describe any physical aggression (hitting, biting pushing, etc), how often, and your typical response to aggressive episodes: _____

Does the child exhibit perseverative behaviors? If so, how often? Please describe: _____

What do you consider to be this child's strengths? Please describe in terms of language, attention, behavior, pre-academics and social: _____

Do you have any areas of concern regarding this child? Please describe in terms of language, attention, behavior, pre-academics and social and if so, what steps have been taken to address these concerns?

Any additional information you feel we should know? _____

Thank you for your time filling out this form. Your observations are an important part of the admission process at CSA. Your responses will be confidential and privileged. Please return this form directly to Capitol School of Austin via fax, email or mail.