



Please mail, email or fax directly to CSA's address below. Attn: Admissions

Teacher Observation Form: School Age (K – 4th)

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 | Mainstream Class Self-contained Class Private School Montessori Home School Other: _____

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

Y N

Does this child receive any special education 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
Mood changes quickly or drastically	1	2	3
Displays physical aggression (describe below if applicable)	1	2	3
Has temper outbursts and/or unpredictable behavior	1	2	3
Displays oppositional or defiant behaviors	1	2	3
Demonstrates perseverative behaviors (describe below if applicable)	1	2	3
Responds well to redirection	1	2	3
Has trouble keeping his/her hands to self	1	2	3
Is cooperative/respectful	1	2	3
Plays wells with peers	1	2	3
Is easily frustrated	1	2	3
Seems to be happy/confident	1	2	3
Destroys objects and/or throws things when upset	1	2	3



The Child...		Seldom		Sometimes		Often
Communication	Engages in spontaneous conversations	1	2	3	4	5
	Expresses ideas in complete sentences	1	2	3	4	5
	Able to ask for wants/needs	1	2	3	4	5
	Speech easily understood by adults	1	2	3	4	5
	Speech easily understood by peers	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
	Needs reminders to complete work	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
		1	2	3	4	5

Rate the child's academic development:

	Superior	Above Average	Average	Poor
Oral Reading Fluency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of Comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Silent Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound/Symbol/Phonetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math Computation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math Word Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English/Grammar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Composition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has this child ever had a behavior plan developed? If so, for what? _____

Does the child exhibit perseverative behaviors. If so, what and how often: _____

*What do you consider to be this child's strengths? _____

*Do you have any areas of concern regarding this child? _____

What steps have been taken to address concerns? _____

* Please describe in terms of language, attention, behavior, pre-academics and social.

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

Additional information you feel we should know: _____