



WOODLAND HILLS PRIVATE SCHOOL

Oxnard Campus

22555 Oxnard Street, Woodland Hills, CA 91367
Phone: 818-348-6563 | Fax: 818-340-4903



PRESCHOOL TEACHER/DIRECTOR EVALUATION REPORT *for admission to Transitional Kindergarten & Kindergarten*

Dear Parent: As part of the application process for Woodland Hills Private School, we are requesting an evaluation from your child's current teacher. Please complete the top part of this form and then give it to your child's teacher. All evaluations are confidential. The teacher will give it directly to the office. Thank you for your cooperation.

Applicant's Name _____

Parent/Guardian's Name _____

Parent/Guardian's Signature _____

Dear Teacher: It is very important to all of us that this child's next school placement be the most appropriate one for both the student and his/her family. We very much appreciate you taking the time to give us an evaluation of this student's emotional, social and academic readiness for our program. Your observations will be held in the strictest confidence and do not become a part of a student's permanent record. Thank you very much for your assistance.

Social and Emotional Development	Consistently	Usually	Sometimes	Rarely
Separates easily from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates well with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses words to express thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes care of own personal needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays Age Appropriate Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development	Consistently	Usually	Sometimes	Rarely
Demonstrates age appropriate gross motor skill development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates appropriate fine motor skill development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Cognitive Development	Consistently	Usually	Sometimes	Rarely
Grasps new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an interest in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustains attention in small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas well verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands basic mathematical concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has age appropriate visual and auditory discrimination skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an understanding of basic spatial relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments _____

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates frequently and openly with the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in school sponsored activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows and supports school policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial obligations are met in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known this child? _____ years _____ months

Additional Comments _____

Teacher's Name _____ Telephone # _____

Teacher's Signature _____ Date _____

Please return this form to your school director. Thank you.