

**Greenfield Center School**  
**Teacher/Childcare Provider Questionnaire**  
 Student Evaluation for the Admissions Office

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dear Teacher, We appreciate your cooperation in completing this form. It provides one important way of gaining insight into the child and is reviewed with the full awareness that children are constantly changing and developing. We place particular value on your observations of classroom behavior and your descriptive comments in each area.

For Pre-school Teachers or Childcare Providers:

Days of the week enrolled \_\_\_\_\_  
 Hours per day \_\_\_\_\_ Size of group \_\_\_\_\_ Age range \_\_\_\_\_

For Teachers of Kindergarten – Grade 6:

Grade \_\_\_\_\_ Size of group \_\_\_\_\_ Age range \_\_\_\_\_

**Social/Emotional Development**

Descriptive Comments:

	Exhibits Maturity	Age Appropriate	Developing
Able to work/play independently			
Is supportive of peers			
Is comfortable with adults			
Able to work/play cooperatively			
Develops and sustains friendships			
Initiates work/play activities			
Is imaginative			
Exhibits leadership			
Works collaboratively			
Uses materials purposefully			
Shows feelings/responses appropriate to the situation			

**Cognitive Development**

Descriptive Comments:

	Exhibits Maturity	Age Appropriate	Developing
Is attentive			
Listens in a group			
Contributes to group discussion			
Follows directions			
Completes tasks			
Able to focus on one task			
Respects classroom routines			
Expresses ideas clearly			
Moves easily from one activity to another			
Responds positively to constructive criticism			
Is inquisitive			
Is willing to try new activities			
Initiates work without teacher support			
Enjoys new challenges			
Exhibits problem-solving abilities			

## Physical Development

Descriptive Comments:

	Exhibits Maturity	Age Appropriate	Developing
Small muscle control and coordination			
Large muscle control and coordination			
K-2 Speech development (articulation)			

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### Special Services

Please identify and describe any special needs, including auditory and visual development:

- Remedial Reading       Occupational Therapy  
 Remedial Math         Counseling  
 Learning Disabilities    Speech and Language  
 Physical Therapy

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### Parent and Family Information

Please comment on parent cooperation and support for the child's school experience.

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### For Applicants Grades 1-7:

Describe literacy or reading/writing skills:

Describe math skills

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### For all Applicants:

We encourage you to share any other information that you think would be helpful. Include comments concerning strengths, weaknesses, or any special needs or concerns of this child and/or family. Please use additional paper if necessary.

Teacher Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

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

I have known the child for \_\_\_\_\_ years \_\_\_\_\_ months.

My relationship has been that of \_\_\_\_\_

**Return to:**  
**Admissions Office, Greenfield Center School, 71 Montague City Road, Greenfield, MA 01301**