

Caravel Academy

2801 Del Lanes Road Bear, Delaware 19701



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TEACHER EVALUATION PRESCHOOL OR KINDERGARTEN

Name of applicant _____ Current Program: Daycare
 3 yr. old
 4 yr. old
 Kindergarten

1. How long have you known this student and in what capacity?
2. What words would you use to describe this student?
3. How does this student's overall performance in school relate to his or her ability?
4. How well does this student work with other students and with adults?
5. To your knowledge, does this student have any special educational needs?
6. Please comment on this student's character and personality. You may want to discuss such things as maturity, peer relationships, sense of humor, and enthusiasm for learning. Please include any strengths and weaknesses that you feel should be noted.

Evaluator: _____ Title: _____

School: _____ School Phone: _____ Date: _____

A Prestigious Academy Program in a Country Setting

ACADEMIC EVALUATION:

Please check the appropriate box for each attribute and make brief comments as necessary.

Work Habits	Consistently	Most of the time	Developing	Needs more time	COMMENTS
Observes rules and regulations					
Follows directions promptly in small groups					
Follows directions promptly in large groups					
Completes activities promptly					
Works well independently					
Seeks help when needed					
Finishes what has been started					
Makes good use of free time					
General Intellectual	Consistently	Most of the time	Developing	Needs more time	COMMENT
Displays intellectual curiosity					
Enjoys trying new things					
Is good at solving everyday problems					
Has a large information base					
Social Development	Consistently	Most of the time	Developing	Needs more time	COMMENT
Adjusts to school routine					
Plays/works well with others					
Is friendly					
Shares and takes turns					
Displays self-control					
Respects property					
Makes transitions easily					
Works well in small groups					
Works well in large groups					
Shows respects for authority					
Separates well from parents					

If there is anything else you feel we should know about this student, please explain below:

May we contact you about this student? If so, please supply phone number and/or email Address. _____

*Please return to Caravel Academy, c/o Mrs. Bernice Day
2801 Del Laws Road, Bear, Delaware 19701
or FAX to 302-834-5048*

THANK YOU VERY MUCH FOR YOUR TIME AND ASSISTANCE!