



**The Shlenker School**  
Congregation Beth Israel

**Teacher Evaluation Form**  
**Early Childhood**

**The Shlenker School**  
**Office of Admissions**  
**5600 N. Braeswood Blvd.**  
**Houston, TX 77096**

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Name of Applicant

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Birthdate

**Parent or Guardian**

**Parent or Guardian:** Please write your child's name in the space above and read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Teacher Evaluation form is confidential and will be used only in the profile development process of applying to The Shlenker School. It will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside of The Shlenker School, and I waive the right that I may have to see it.

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Signature of Parent or Guardian

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Date

**Teacher**

**Teacher:** Please complete all of this form and return it to The Shlenker School by **February 28**. As a current or recent teacher, please evaluate the applicant based on your direct knowledge of him or her. Keep in mind that the applicant should be evaluated according to others of the same chronological age. The members of the Admissions Committee thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. Please check the appropriate boxes and include comments. If there is a skill that you have not observed, please write NA next to that skill. This application cannot be processed until this form is received in the Admissions Office.

Please send this form to:  
THE SHLENKER SCHOOL  
OFFICE OF ADMISSIONS  
5600 N. Braeswood Blvd.  
Houston, TX 77096  
or  
FAX: 713-270-6114  
or  
EMAIL: [tgassett@shlenker.org](mailto:tgassett@shlenker.org)

If you have any questions, please contact  
Tara L. Gassett, Director of Admissions  
713-270-6127, ext. 622  
[tgassett@shlenker.org](mailto:tgassett@shlenker.org)

**This child works best in a (check all that apply):**

- Highly challenging academic environment     Developmentally appropriate environment  
 Highly structured environment

**Pre-Academic Development**

	Usually	Frequently	Sometimes	Seldom
Listens to and follows directions				
Is attentive to group discussions/activities				
Demonstrates independence				
Perseveres in spite of difficulty				
Moves easily from one activity to another				
Demonstrates appropriate energy level				

**Social Skills**

	Usually	Frequently	Sometimes	Seldom
Responds positively to redirection				
Is comfortable in group play				
Shares well				
Displays a positive attitude toward teacher				
Displays a positive attitude toward peers				
Exhibits positive feelings about self				

**Physical Development**

	Excellent	Good	Needs Improvement
Gross motor coordination			
Speech/Articulation			
Fine motor coordination			
General health			

**Circle the words that best describe this applicant.**

- |                |              |            |                    |                  |
|----------------|--------------|------------|--------------------|------------------|
| Aggressive     | Honest       | Immature   | Disobedient        | Self-disciplined |
| Mature         | Oppositional | Vivacious  | Manipulative       | Conscientious    |
| Over-protected | Social       | Cheerful   | Self-centered      | Follower         |
| Shy            | Confident    | Irritable  | Easily discouraged | Perfectionist    |
| Helpful        | Responsible  | Motivated  | Positive leader    | Negative leader  |
| Anxious        | Articulate   | Well-liked | Organized          |                  |

If you have additional information that will be helpful to the Admissions Committee in evaluating the student's application, please comment. If needed, please use another sheet of paper. \_\_\_\_\_

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Please check for your recommendation:

- Highly recommend**
- Recommend**
- Recommend w/reservation**
- Do not recommend**

If you do not recommend or have reservation, please explain. \_\_\_\_\_  
\_\_\_\_\_

I would  like to  be willing to discuss this applicant by telephone.

Is there anything regarding the family that would be helpful for us to know? \_\_\_\_\_  
\_\_\_\_\_

Signature of Teacher: _____	Date: _____
Name of School: _____	Phone : _____
School Address: _____	

**Director/Principal  
Parent Involvement**

	Usually	Frequently	Sometimes	Seldom
Parents participate in school activities				
Parents support school policies and procedures				

Signature of Director/Principal: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your time and cooperation!*