



Montessori Evaluation 2010-2011

Current Daycare, Head of School, or Parent:

Thank you for taking the time to complete this evaluation. All information will be considered strictly confidential. The insight you are able to provide helps us tremendously in the placement.

Student's Name _____
Last
First
Middle

Applying for (circle one) PK-3 PK-4 K-5

Please rank the student in each area using the following scale. Provide comments for those areas meriting a '1' or '2'.

	1: Never	2: Some times	3: Frequently	4: Most of the time	5: Always	Not Applicable	Comments
Able to dress self	1	2	3	4	5	N/A	
Able to tie own shoes	1	2	3	4	5	N/A	
Able to handle own bathroom needs	1	2	3	4	5	N/A	
Able to use fork, spoon and napkin	1	2	3	4	5	N/A	
Speaks clearly	1	2	3	4	5	N/A	
Speaks English	1	2	3	4	5	N/A	
Speaks Spanish	1	2	3	4	5	N/A	
Able to say own name	1	2	3	4	5	N/A	
Able to say parent's name	1	2	3	4	5	N/A	
Able to sit quietly to complete a task (coloring, playdough, etc.)	1	2	3	4	5	N/A	
Able to follow oral instructions	1	2	3	4	5	N/A	
Interacts appropriately with other children	1	2	3	4	5	N/A	
What discipline method is used with the child?							
The child accepts the discipline	1	2	3	4	5	N/A	
Oldest or only child							

Signature _____ Date _____

Position _____ School _____

Address _____
City
State
Zip

Contact Phone _____