



TEACHER OBSERVATION FORM

For Applicants to Grades 5-8

CHILD'S NAME _____ CURRENT GRADE LEVEL _____

SCHOOL NAME AND ADDRESS _____ DATE _____

REPORTING TEACHER _____ BUSINESS PHONE _____

Please check the appropriate box:

Does the Child:	Always	Almost Always	Sometimes/ Occasionally	Almost Never	Never
Read with understanding?					
Recall facts?					
Read orally with fluency and self-expression?					
Do related workbook and seatwork?					
Read independently for pleasure?					
Use phonetic decoding skills?					
Express thoughts logically and clearly when speaking					
Write logically and clearly?					
Show creativity?					
Learn basic spelling list?					
Spell well in general written work?					
Form letters well?					
Write neatly and legibly?					
Write with adequate speed?					
Know basic number facts?					
Work neatly, accurately and in an organized way?					
Understand basic math concepts?					
Compute with reasonable speed and accuracy?					
Have a positive self -image?					
Demonstrate a cooperative spirit toward class activities and classmates?					
Respond favorably to correction?					
Show self-discipline?					
Participate in class discussions?					
Refrain from unnecessary talking?					
Respect authority?					
Listen attentively?					
Follow written directions?					
Follow oral directions?					
Work independently?					
Complete classwork in a reasonable amount of time?					
Work conscientiously and put forth effort?					
Do consistent work of good quality?					

